# MEDICARE COST REPORT COMMUNITY MEMORIAL HOSPITAL

Year ended June 30, 2010



CPAs and Management Consultants

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Board of Directors Community Memorial Hospital

We have compiled the Hospital and Hospital Health Care Complex Cost Report, Form CMS 2552-96 of Community Memorial Hospital for the year ended June 30, 2010, included in the accompanying prescribed form in accordance with Statements on Standard for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form prescribed by the Centers for Medicare & Medicaid Services information that is the representation of management. We have not audited or reviewed the cost report referred to above and, accordingly; do not express an opinion or any other form of assurance on it.

The Hospital and Hospital Health Care Complex Cost Report, Form CMS 2552-96 is presented in accordance with the requirements of the Centers for Medicare & Medicaid Services, which differ from generally accepted accounting principles. Accordingly, the cost report is not designed for those who are not informed about such differences.

Kerber, Eck + Bruckel LLP

St. Louis, Missouri November 4, 2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09 11/04/2010 13:04

# HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S PARTS I & II

INTERMEDIARY [ ] AUDITED DATE RECEIVED [ ] INITIAL [ ] RE-OPENING USE ONLY: [ ] DESK REVIEWED INTERMEDIARY NO. [ ] FINAL [ ] MCR CODE

PART I - CERTIFICATION

APPLICABLE BOX

CHECK

XX ELECTRONICALLY FILED COST REPORT
MANUALLY SUBMITTED COST REPORT

DATE: \_11/04/2010 TIME: \_13:04

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

#### CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY COMMUNITY MEMORIAL HOSPITAL (14-1306) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 11/04/2010 13:04 ZXt38gAWTLcaNIJp3UFj1TKTYNu2m0 QB4qh0lKfcuxaTggjLaligZ1y8NBy7

Rwoq0GozSF0m4YkR
PI Encryption: 11/04/2010 13:04

PI Encryption: 11/04/2010 13:04 WYxinlPi:F:rQBx4ewLQbveTnXamu0 GLoEg0:VtvzFcVTaKJ8rssA4x3BS8w V:To8dtAbt0EcYOJ (SIGNED)
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

#### PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE	xviii	TITLE XIX	
			PART A	PART B		
		1	2	3	4	
1	HOSPITAL		48427	-73408		1
2	SUBPROVIDER I					2
3	SWING BED - SNF		22978			3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY					5
6	NURSING FACILITY			•		6
7	HOME HEALTH AGENCY		-1	1		7
8	OUTPATIENT REHABILITATION PROVIDER			•		8
9	HEALTH CLINIC					9
100	TOTAL		71404	-73407		100

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMD CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

VERSION: 2010.09 11/04/2010 13:03

#### HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

HOSPITAL AND HEALTH CARE	COMPLEX IDENTIFICATION DATA		WORKSHEET S-2
HOSPITAL AND HOSPITAL HEALTH CARE	COMPLEX ADDRESS:		
1 STREET: 400 CALDWELL STREET	1	P.O.BOX:	1
- as arms amazons	OMAMII. TT	GID CODE. CARRE 1400 COUNTY, MACCOURTN	2 07

	STREET: 400 CALDWELL STREET CITY: STAUNTON	STATE: IL		P.O.BOX: ZIP CODE: 6:	2088-1499 CO	UNTY: MACO	UPIN				1 1.01
								חתז	MENT S	wamow	
HOSPITA	L AND HOSPITAL-BASED COMPONENT I	DENTIFICATION:			PROVIDER	DAT	'E		P,T,O C		
	COMPONENT	COMPONENT	NAME		NUMBER	CERTIF		V 4	XVIII 5	XIX 6	
	0	1			2	3		4	5	6	
2	HOSPITAL SUBPROVIDER I SWING BEDS - SNF SWING BEDS - NF	COMMUNITY	MEMORIAL	HOSPITAL	14-1306	08/01/	2000	N	0	P	2
3 4	SUBPROVIDER I SWING BEDS - SNF	COMMUNITY	MEMORIAL	HOSPITAL - S/B	14-Z306	08/01/	2000	N	О	N	3 4
											5
6 7	HOSPITAL-BASED SNF HOSPITAL-BASED NF					•					6 7
8	HOSPITAL-BASED OLTC	COMPUTATION	MUMORIA	**************************************	14 7166	00/16	11070	37	-		8
9 11	HOSPITAL-BASED HHA SEPARATELY CERTIFIED ASC	COMMUNITY	MEMORIAL		14-7166	09/16/	19/8	N	P	N	9 11
12	HOSDITAL-BASED HOSDICE	,									12 14
14 15	HOSP-BASED RHC OUTPATIENT REHABILITATION PROVID	The state of the s									15
16	RENAL DIALYSIS									1.0	16
17	COST REPORTING PERIOD (MM/DD/YYY				FROM: 0						17
18	TYPE OF CONTROL					1 2	2			٠,	18
						_					
TYPE OF	F HOSPITAL/SUBPROVIDER HOSPITAL					1					19
20	SUBPROVIDER I					_					20
OTHER	INFORMATION										
21	INDICATE IF YOUR HOSPITAL IS EIT										21
	REPORTING PERIOD IN COLUMN 1. IF IN A RURAL AREA, IS YOUR BED SIZ										
	TO 100 BEDS, ENTER IN COLUMN 2 '	Y' FOR YES OR 'N	' FOR NO.								01 01
21.01	DOES YOUR FACILITY QUALIFY AND I IN ACCORDANCE WITH 42 CFR 412.10										21.01
	FACILITY SUBJECT TO THE PROVISIO		.106(c)(2	) (PICKLE AMEND	MENT HOSPITAL	S)?	•				
21.02	ENTER IN COLUMN 2 'Y' OR 'N' FOR HAS YOUR FACILITY RECEIVED GEOGR		CATION? E	NTER 'Y' FOR YE	S AND 'N' FOR	NO.					21.02
01 00	IF YES, REPORT IN COLUMN 2 THE E ENTER IN COLUMN 1 YOUR GEOGRAPHI		n /1) mm	ד דאמוומ (מ) זאה	E VOII ANGMEDE		N		Y		21.03
21.03	URBAN IN COLUMN 1 INDICATE IF YO	U RECEIVED EITHE	R A WAGE	OR STANDARD GEO	GRAPHIC		14		T		21.03
	RECLASSIFICATION TO A RURAL LOCA IS YES, ENTER IN COLUMN 3 THE EF										
	FACILITY CONTAIN 100 OR FEWER BE	DS IN ACCORDANCE	WITH 42	CFR 412.105? EN	TER IN COLUMN						
21 04	'Y' FOR YES AND 'N' FOR NO. ENTE FOR STANDARD GEOGRAPHIC RECLASSI					NING 2					21.04
	OF THE COST REPORTING PERIOD. EN	TER (1) URBAN AN	D (2) RUR	AL.							
21.05	FOR STANDARD GEOGRAPHIC RECLASSI COST REPORTING PERIOD. ENTER (1)			IS YOUR STATUS	AT THE END O	F THE 2					21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR T	HE THREE-YEAR TR	ANSITION				)				21.06
	SMALL RURAL HOSPITAL UNDER THE PUNDER DRA SECTION 5105 OR MIPPA										
21.07	DOES THIS HOSPITAL QUALIFY AS AN	SCH WITH 100 OR	FEWER BE	DS UNDER MIPPA		NO	)	NO			21.07
	ENTER IN COLUMN 1 'Y' FOR YES OR IS THIS AN SCH OR EACH THAT OUAL				ROVISION IN A	CA					
	SECTION 3121?										
21.08	ENTER IN COLUMN 2 'Y' FOR YES OR WHICH METHOD IS USED TO DETERMIN				IT IS BASED	ON					21.08
	DATE OF ADMISSION, 2 IF IT IS BA	SED ON CENSUS DA	YS, OR 3	IF IT IS BASED	ON DATE OF						
	DISCHARGE. IS THIS METHOD DIFFER PERIOD? ENTER IN COLUMN 2, 'Y' F			IN THE LAST COS	T REPORTING						
22	ARE YOU CLASSIFIED AS A REFERRAL		TD 1/20 P	Numb Germana	ITOM DAME (C) D	NO NO					22
23 23.01	DOES THIS FACILITY OPERATE A TRA						,				23 23.01
00.00	IN COL. 2 AND TERMINATION IN COLIF THIS IS A MEDICARE CERTIFIED		CENTED	ENTED THE CEDET	ישורת אחוראן האשר	,					23.02
	IN COL. 2 AND TERMINATION IN COL	. 3.									23.02
23.03	IF THIS IS A MEDICARE CERTIFIED		CENTER,	ENTER THE CERTI	FICATION DATE	2					23.03
23.04	IN COL. 2 AND TERMINATION IN COL IF THIS IS A MEDICARE CERTIFIED	LUNG TRANSPLANT	CENTER, E	NTER THE CERTIF	CATION DATE						23.04
22 NE	IN COL. 2 AND TERMINATION IN COLIF MEDICARE PANCREAS TRANSPLANTS		EE INSTRI	CTIONS FOR ENTE	RING CERTIFIC	TATION					23.05
	AND TERMINATION DATE.										
23.06	IF THIS IS A MEDICARE CERTIFIED DATE IN COL. 2 AND TERMINATION I		PLANT CEN	TER, ENTER THE	CERTIFICATION	Ī					23.06
23.07	IF THIS IS A MEDICARE CERTIFIED	ISLET TRANSPLANT	CENTER E	NTER THE CERTIF	FICATION DATE						23.07
24	IN COL. 2 AND TERMINATION IN COL IF THIS AN ORGAN PROCUREMENT ORG		ENTER TH	E OPO NUMBER IN	COL 2.						24
	AND TERMINATION IN COL. 3.									,	
24.01	IF THIS A MEDICARE TRANSPLANT CE CERTIFICATION DATE OR RECERTIFIC										24.01
				•							

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (05/2007) VERSION: 2010.09 11/04/2010 13:03 PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL PERIOD FROM 07/01/2009 TO 06/30/2010 HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA WORKSHEET S-2

		NOSTINE AND REALIT CARE CONTROL IDENTIFICATION DATE.			(CONTINUED)	
(	OTHER I	NFORMATION				
		IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25	
		IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01	
	25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02	
	25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03	
	25 04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04	
	25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05	
	25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c) (4) OR 42 CFR 412.105(f) (1) (iv) (C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06	
	26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT.		1.0	26	
	20	ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR				,4
		NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.  ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01 <sup>.</sup>	
	26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING: IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER		199	26.03	
		THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT				
		AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.		•	20.04	
	26.04	AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.  IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):  BEGINNING:  ENDING:  ENDING:			26.04	
	27	FOR CHING DEDGE TE VEC ENTED THE ACDEFMENT DATE (mm/dd/vacay) IN COLIMN 2		12/15/1993	. 27	
	28	OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28	
	28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER	****		28.01	
	28.02	IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.)			28.02	
		If YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				
		A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)				
•	28.03	STAFFING	0.00	NO	28.03	
		RECRUITMENT	0.00	NO	28.04	
		RETENTION OF EMPLOYEES	0.00	NO	28.05	
		TRAINING	0.00	NO	28.06	
	28.07	OTHER (SPECIFY)		NO	28.07	
	29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29	
	30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	YES		30	
		IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.	NO		30.01	
	30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?	NO		30.02	
	30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)	NO		30.03	
	30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.	g no		30.04	
	31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	YES		31	

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM

VERSION: 2010.09

11/04/2010 13:03 IN LIEU OF FORM CMS-2552-96 (05/2007) HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA WORKSHEET S-2

	HOSPITAL AND REALIT CARE COMPLEX IDENTIFICATION DATA			(CONTI	
MISCELI	ANEOUS COST REPORTING INFORMATION				
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
		V	XVIII	XIX	
PROSPEC	TIVE PAYMENT SYSTEM (PPS) - CAPITAL	1	***	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	36
	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO.	NO	ио	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO.	NO	NO	37 .
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01
TITLE X					
	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		1	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO .			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38 03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	÷		38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.				40
	77/003	שנט זא כיושכ	OR'S NUMBER:		40 01
40.01	NAME: FI/CONTRACTOR'S	Y.	ZIP CODE:		40.01
	STREET: P.O.BO	Λ.,	TD CODE.		40.02
40.03	CITY: ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	VEC	TIE CODE.		41
41	ARE PROVIDER BASED PHISICIANS COSIS INCLUDED IN WORKSDEED A:	VEC			42
42	ARE PHISICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?  ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	VEC			42.01
42.01	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	AEG			42.02
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIES.	ממז			43.
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS:	NO			44
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEI INPAI SERVICES UNDIT	740			45
45	SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	140			#3
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?  ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?  ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?  ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?  ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?  IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?  HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT?  SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.  WAS THERE A CHANGE IN THE STATISTICAL BASIS?  WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)  DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

				OUTPATIENT	OUTPATIENT	OUTPATIENT	
		PART A	PART B	ASC	RADIOLOGY	DIAGNOSTIC	
		1	2	3	4	5	
47	HOSPITAL	Y	Y	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
49	SKILLED NURSING FACILITY	Y	Y				49
50	HOME HEALTH AGENCY	Y	Y				50
						•	
52	DOES THIS HOSPITAL CLAIM EXPENDITURES	FOR EXTRAORDINA	ARY CIRCUMSTAN	ICES IN ACCORDAN	ICE WITH NO	)	52
	42 CFR 412.348(e)?						
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOL				SPECIAL NO	•	52.01
	EXCEPTION PAYMENT PURSUANT TO 42 CFR						
53	IF THIS IS A MEDICARE DEPENDENT HOSPI						53
	EFFECT. ENTER BEGINNING AND ENDING DA				INE		
	53.01 FOR NUMBER OF PERIODS IN EXCESS	OF ONE AND ENTI					
53.01	MDH PERIOD:		BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS				MARKET		54
	PREMIUMS: 105565 PAID LOSSES:		ND/OR SELF INS				
54.01						)	54.01
	GENERAL COST CENTER? IF YES, SUBMIT S	UPPORTING SCHED	JLE LISTING CO	ST CENTERS AND	AMOUNTS		
	CONTAINED THEREIN.						
55	DOES YOUR FACILITY QUALIFY FOR ADDITI		E PAYMENT IN A	ACCORDANCE WITH	NC	)	55
	42 CFR 412.107. ENTER 'Y' FOR YES AND	'N' FOR NO.					

# HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 (CONTINUED)

ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT							,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Second Claiming Ambulance Costs? If Yes, enter in Col. 2 The PAYMENT LIMIT								
57 ARE YOU ALIMING NURSING AND ALLIED HEALTH COSTS? 58 ARE YOU AN INPATIENT REPREALILITATION PACLITY (TRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? 59 RETWER IN COLUNN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% 58-01 IF LIMES SC COLUNN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT  COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUNN 1 'Y' FOR YES OR 'N' FOR NO. 15 THE PACTLITY THAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE 'N' FOR NO. 15 THE PACTLITY THAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE 'N' FOR NO. 15 THE PACTLITY THAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE 'N' FOR NO. 15 THE PACTLITY THAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE 'N' FOR NO. 15 THE PACTLITY THAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE 'N' FOR NO. 15 COLUMN 1 IS Y, ENTER 1, 2, 005 PAGE 47939? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. 15 COLUMN 1 IS Y, ENTER 1, 2, 005 PAGE 47939? ENTER IN COLUMN 3 (SEE INSTRUCTIONS) 'IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.  (SEE INSTRUCTIONS)  59 ARE YOU A LONG TERM CARE MOSPITAL (LITCH), OR DO YOU CONTAIN A LITCH SUBPROVIDER?  (PROCEDURAL STATES OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.  (SEE INSTRUCTIONS)  60 ARE YOU AN INSTRUCTIONS 1 SY POR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  FOR NO. 15 THE FACILITY YEAR IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  61 IF LINE 61 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN HE MOST RECENT  FOR NO. 15 THE FACILITY TEALING RESIDENTS IN A NEW TEACHING PROGRAM IN IN FOR NO. IS CULTUR 2 'Y' FOR YES AND 'N' FOR NO. IS CULTUR 2 'Y' FOR YES OR 'N'  FOR NO. 15 THE FACILITY TEAL HAVE A TEACHING PROGRAM IN N' FOR NO. IS CULTUR 2 'Y' FOR YES OR 'N'  FOR NO. 15 THE FACILITY TEAL HAVE A MULTICAMPUS? ENTER IN COLUMN 3, OR IF THE  SUBSECUENT ACADEMIC YEARS OF TH	56	PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD	-				4	56
ARE YOU AN INDATIENT REHABILITATION PACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER?  ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100%  PES REIMEURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY  AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.  58.01 IF LINE 55 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT  COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR  N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE  WITH FY VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR  'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS)  IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3,  OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.  (SEE INSTRUCTIONS)  PER REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR NO 157 YES HAVE YOU MADE THE ELECTION FOR 100%  PER REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?  NEW FACILITY? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  61 ARE YOU ALOND 1 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  62 ARE YOU AND INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?  NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  63 ARE YOU COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN ACCORDANCE WITH A COLUMN 1 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  64 ARE YOU AND INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?  65 AND THE YOUR YELLOW ON THE PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?  66 ARE YOU AND INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?  67 AND THE Y	E 7	• • • • • • • • • • • • • • • • • • • •		NO				57
ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100* PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.  58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FRACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD BOUNDED ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929' ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929' ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929' ENTER IN COLUMN 2 'S' FOR YES AND 'N' FOR NO. SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSCOURNT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.  (SEE INSTRUCTIONS)  59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  FOR REMEMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPP), OR DO YOU CONTAIN AN IFF SUBPROVIDER? NEW FACILITY'S ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  FOR NO. IS THE FACILITY TRAINING REFEREDANT IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CPR SEC. 412.424 (d) (1) (iii) (2)? ENTER IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CPR SEC. 412.424 (d) (1) (iii) (2)? ENTER IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 44 CPR SEC. 412.424 (d) (1) (iii) (2)? ENTER IN A NEW TEACHING PROGRAM IN EXISTENCE ENTER 5 (SEE INSTR.)  MULTICAMPUS  61 DOES THE HOSSITAL HAVE A MUL			כמשתדעו				•	
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT  COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004; PAGE 47929? ENTER IN COLUMN 1 'Y' FOR YES GO 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES GO 'N' FOR NO. IS COLUMN 2 IS Y, ENTER 1, C, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS).  IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.  (SEE INSTRUCTIONS)  59 ARE YOU A LONG TERM CARE HOSPITAL (LITCH), OR DO YOU CONTAIN A LITCH SUBPROVIDER?  FOR ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPP), OR DO YOU CONTAIN AN IPF SUBPROVIDER?  60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPP), OR DO YOU CONTAIN AN IPF SUBPROVIDER A  NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  60 OST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004; THE MOST RECENT  FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH  42 CFR SEC. 412.424 (d) (1) (ii) (2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH  42 CFR SEC. 412.424 (d) (1) (iii) (2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE  SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN ACCORDANCE WITH  42 CFR SEC. 412.424 (d) (2) (1) FARSE OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE  SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)  ***STILE*****STATE*****************************	58	ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONI	100% Y	NO	٠			50
OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.  (SEE INSTRUCTIONS)  59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? PPS REIMBURGEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100* PPS REIMBURGEMENTS THREE IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  60 ARE YOU AN INPATIENT PSYCHIATRIC PACILITY (1PF), OR DO YOU CONTAIN AN 1PF SUBPROVIDER? OCCUPANT OF THE FACILITY ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  60.01 IF LINE 60 COLUMN 1 'S' FOR YES AND 'N' FOR NO. IF YES, IS THE 1PF OR 1PF SUBPROVIDER A NEW FACILITY! ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CPR SEC. 412.424 (a) (1) (ii) (2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. 1S THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CPR SEC. 412.424 (a) (1) (ii) (2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE  ***********************************	58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST REC	ENT					58:01
"N' FOR NO. IF COLUNN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUNN 3 (SEE INSTRUCTIONS)  IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3,  OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.  (SEE INSTRUCTIONS)  PAR YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER?  ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100%  PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  ENTIRE IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. 1F YES, IS THE IPF OR IPF SUBPROVIDER?  NO 60  ENTIRE IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  FOR NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  FOR NO. IS THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT  COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N'  FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH  42 CRR SEC. 412.424(d)(1)(ii)(i)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2  IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST  REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE  SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)  MULTICAMPUS  61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO.  FOR YES AND 'N' FOR NO.  FILE OF YES AND 'N' FOR NO.  FILE OF YES AND 'N' FOR NO.  STATE: ZIP CODE CESA  CAMPUS  SETTLEMENT DATA  63 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES  WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES  WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES  WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES  WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CH		OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCO	RDANCE					
"N' FOR NO. IF COLUNN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUNN 3 (SEE INSTRUCTIONS)  IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3,  OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.  (SEE INSTRUCTIONS)  PAR YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER?  ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100%  PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  60 ARE YOU AN INPATIENT PSYCHLATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?  NEW FACILITY? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT  COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N'  FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH  42 CPR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2  IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IS THE CURRENT COST  REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE  SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)  MULTICAMPUS  61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO.  FOR YES AND 'N' FOR NO.  STATE: ZIP CODE CESA CAMPUS  THE /  COUNTY:  COUNTY:  COUNTY:  1 2 3 4 5  SETTLEMENT DATA  63 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES  YES 08/31/2010 63  AS 5 1 2 1 2 3 4 5  63 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES  WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES  YES 08/31/2010 63					٠.			
OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.  (SEE INSTRUCTIONS)  ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER?  ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100%  PER REIMBURSEMENT; ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?  NEW FACILITY? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A  NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  60.01 IF LINE 60 COLUMN 1 'S Y, DORS THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT  COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N'  FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH  42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2  IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST  REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE  SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)  MULTICAMPUS  61  DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO.  FILL LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2,  IF IN COL. 3, CESA IN COL. 4 AND FTE/CAMPUS IN COL. 5.  COUNTY:  COUNTY:  STATE: ZIP CODE CESA CAMPUS  SETTLEMENT DATA  63  WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES  YES 08/31/2010  63  84  55  SETTLEMENT DATA  63  WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES  YES 08/31/2010  63  64  65  WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES  YES 08/31/2010								
SEE INSTRUCTIONS)  ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER?  ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100%  PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?  ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A  NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT  COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N'  FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH  42 CFR SEC. 412.424(d)(1)(i)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N'  FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH  42 CFR SEC. 412.424(d)(1)(i)(1)(2)? ENTER IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST  REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE  SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)  MULTICAMPUS  61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO.  FTE/  COUNTY:  COUNTY:  COUNTY:  COUNTY:  STATE: ZIP CODE CESA CARDUS  SETTLEMENT DATA  63 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES YES 08/31/2010 63  AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y',		IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN	COLUMN 3	3,			11.	
ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER?  ENTER IN COLUNN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100%  PPS REIMBURSEMENTS ENTER IN COLUNN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?  NEW FACILITY: POR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A  NEW FACILITY: POR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A  NEW FACILITY: POR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT  COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N'  FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH  42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2  IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST  REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH HENER 4 IN COLUMN 3, OR IF THE  SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)  MULTICAMPUS  61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO.  IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2,  ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.  COUNTY:  COUNTY:  COUNTY:  TO NOTE ON THE FORM OF TOTAL CHARGES  YES 08/31/2010 63  SETTLEMENT DATA  63 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES  YES 08/31/2010 63		OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER	5.				1000	
ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100%  PPS REIMBURGEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?  NO 60 ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A  NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT  COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N'  FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH  42 CFR SEC. 412.424(d) (1) (1) (1) (2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2  IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST  REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE  SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)  MULTICAMPUS  61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO.  STATE: ZIP CODE  COUNTY:  COUNTY:  COUNTY:  COUNTY:  STATE: ZIP CODE  CBSA  CAMPUS  SETTLEMENT DATA  63 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES  YES 08/31/2010 63  AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y',				199				
PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  ARE YOU AN IMPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A  NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT  COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N'  FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH  42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 'Y' FOR YES OR 'N'  REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE  SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)  MULLICAMPUS  61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO.  1 IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2,  2 IF IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.  COUNTY IN COL. 1, STATE IN COL. 2,  2 IF IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.  STATE: ZIP CODE CBSA CAMPUS  SETTLEMENT DATA  63 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN 1TS ENTIRETY OR FOR TOTAL CHARGES  YES 08/31/2010 63  AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y',	59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER?		NO	100	2.1		59
ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?  ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A  NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT  COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N'  FOR NO. IS THE FACILITY TRAINING RESIDENTS IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2  IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST  REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE  SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)  MULTICAMPUS  61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO.  15 LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2,  ZIP IN COL. 3, CESA IN COL. 4 AND FTE/CAMPUS IN COL. 5.  COUNTY:  STATE: ZIP CODE CESA CAMPUS  53 VAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES  WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES  AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1 IS 'Y',		ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR	100%					
ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A  NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT  COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N'  FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH  42 CFR SEC. 412.424(d) (1) (ii) (2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2  IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST  REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE  SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)  MULTICAMPUS  61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO.  NO  61  IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2,  ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.  COUNTY:  STATE: ZIP CODE CBSA CAMPUS  1 2 3 4 5  SETTLEMENT DATA  63 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES YES 08/31/2010 63  AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y',		PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)						
NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)  60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT  COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N'  FOR NO. 1S THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH  42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2  IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST  REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE  SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)  MULTICAMPUS  61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO.  IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2,  ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.  COUNTY:  COUNTY:  COUNTY:  STATE:  STATE:  STATE:  STATE:  ZIP CODE  CBSA  CAMPUS  COUNTY:  SETTLEMENT DATA  63 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES  AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y',	60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIL	ER?	NO				60
60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT  COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)  MULTICAMPUS 61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO.  FILINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.  COUNTY:  COUNTY:  STATE: ZIP CODE CBSA CAMPUS SETTLEMENT DATA 63 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES YES 08/31/2010 63 AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y',		ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER	A S					
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SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)  MULTICAMPUS  61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO.		IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT	COST					
MULTICAMPUS  61 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO.  61 If LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2,  2IP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.  COUNTY:  COUNTY:  STATE: ZIP CODE CBSA CAMPUS  2 3 4 5  SETTLEMENT DATA  63 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES YES 08/31/2010 63  AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y',		REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE						
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ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.  COUNTY: STATE: ZIP CODE CBSA CAMPUS  1 2 3 4 5  SETTLEMENT DATA  WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES YES 08/31/2010 63  AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y',	61			NO				61
COUNTY: STATE: ZIP CODE CBSA CAMPUS  1 2 3 4 5  SETTLEMENT DATA 63 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES YES 08/31/2010 63  AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y',								
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SETTLEMENT DATA 63 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES YES 08/31/2010 63 AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y',		COUNTY:		ZIP CODE				
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AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y',	SETTLE							
	63	AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y',	GES	YES	08/31/2	010		63

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.09 11/04/2010 13:03

# HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3 PART I

				CAH		I/P DAYS	/ O/P VISITS	/ TRIPS	OBS.
	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	PATIENT HOURS 2.01	TITLE V 3	TITLE XVIII 4	NONCOVERED DAYS 4.01	TITLE XIX 5	BEDS ADMITTED 5.01
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	21	7665	27412.00		507	·	43	1
2	HMO								2
3	HOSPITAL ADULTS & PEDS -					411			. 3
	SWING BED SNF					*.			
4	HOSPITAL ADULTS & PEDS - SWING BED NF					1.0			4
5	TOTAL ADULTS & PEDS	21	7665	27412.00		918	4	43	5
J	EXCL OBSERVATION BEDS	,					*		
6	INTENSIVE CARE UNIT	4	1460	5442.00		279		9	6
7	CORONARY CARE UNIT	=							7
8	BURN INTENSIVE CARE UNIT					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	particle to the second		8
9	SURGICAL INTENSIVE CARE UNIT					The second second	ta to the		9
10	OTHER SPECIAL CARE (SPECIFY)					1.0	and the second		1.0
11	NURSERY		10 A	*		2.345			11
12	TOTAL HOSPITAL	25	9125	32854.00		1197		52	12
1.3	RPCH VISITS	1				12444		4765	13
14	SUBPROVIDER I								14
15	SKILLED NURSING FACILITY	*							15
16	NURSING FACILITY								16
17	OTHER LONG TERM CARE								17
18	HOME HEALTH AGENCY					5130		479	18
20	ASC (DISTINCT PART)								20
21	HOSPICE (DISTINCT PART)								21 23
23	O/P REHAB PROVIDER								23 24
24	RHC I	25							25
25	TOTAL	25						21	2 26
26	OBSERVATION BED DAYS AMBULANCE TRIPS							21	27
27	AMBULANCE TRIPS EMPLOYEE DISCOUNT DAYS								28
28 29	LABOR & DELIVERY DAYS						*		29
23	TWOOL & DEHIAGET DATA								23

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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3 PART I

(CONTINUED)

	COMPONENT	OBS. BEDS NOT ADMITTED	DAYS / O/P TOTAL ALL PATIENTS	OBS. BEDS ADMITTED	TRIPS OBS. BEDS NOT ADMITTED	TOTAL	LESS I&R REPL NON- PHYS ANES	FULL TIME  EMPLOYEES  NET ON PAYROLL  9 10	NONPAID WORKERS
		5.02	6	6.01	6.02	7	8	9 10	11
1	HOSPITAL ADULTS & PEDS, EXCL.		654						1
-	SWING BED, OBSERV & HOSPICE DA	YS							
2	HMO XIX								2
3	HOSPITAL ADULTS & PEDS -		411						3
_	SWING BED SNF								
4	HOSPITAL ADULTS & PEDS -		2						4
	SWING BED NF								
5	TOTAL ADULTS & PEDS		1067						5
	EXCL OBSERVATION BEDS					•	* .		
. 6	INTENSIVE CARE UNIT		. 325				* *		6
7	CORONARY CARE UNIT						-1		7
8 -	BURN INTENSIVE CARE UNIT		-				10 10 November 140		8
9	SURGICAL INTENSIVE CARE UNIT								9
10	OTHER SPECIAL CARE (SPECIFY)					100		• .	10
11	NURSERY	•	*						11
12	TOTAL HOSPITAL		1392				* *	106.00	. 12
13	RPCH VISITS		28273						13
14	SUBPROVIDER I	• •							14
15	SKILLED NURSING FACILITY								15
16	NURSING FACILITY								16
17	OTHER LONG TERM CARE							14 00	17
18	HOME HEALTH AGENCY		6593				•	14.00	18 20
20	ASC (DISTINCT PART)								20
21	HOSPICE (DISTINCT PART)		•						21
23	O/P REHAB PROVIDER								23
24	RHC I							120.00	24
25	TOTAL		010	25	192			120.00	25
26	OBSERVATION BED DAYS	19	217	25	192				27
27	AMBULANCE TRIPS								28
28	EMPLOYEE DISCOUNT DAYS								26 29
29	LABOR & DELIVERY DAYS								23

26

27

28

AMBULANCE TRIPS

EMPLOYEE DISCOUNT DAYS

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/2000)

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#### HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3 PART I

27

28

(CONTINUED) -----DISCHARGES-----TITLE TITLE TITLE TOTAL ALL XIX PATIENTS COMPONENT XVIII v 12 15 13 14 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS 1 220 18 1 2 2 HMO XIX HOSPITAL ADULTS & PEDS -3 3 SWING BED SNF HOSPITAL ADULTS & PEDS -4 SWING BED NF TOTAL ADULTS & PEDS 5 EXCL OBSERVATION BEDS INTENSIVE CARE UNIT 6 7 8 CORONARY CARE UNIT 8 BURN INTENSIVE CARE UNIT 9 9 SURGICAL INTENSIVE CARE UNIT 10 10 OTHER SPECIAL CARE (SPECIFY) 11 12 13 14 15 11 NURSERY 288 12 TOTAL HOSPITAL 220 18 13 RPCH VISITS SUBPROVIDER I 14 15 SKILLED NURSING FACILITY 16 16 NURSING FACILITY 17 17 OTHER LONG TERM CARE 18 HOME HEALTH AGENCY ASC (DISTINCT PART) 20 HOSPICE (DISTINCT PART) 21 23 O/P REHAB PROVIDER 23 24 RHC I 25 25 TOTAL 26 OBSERVATION BED DAYS

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM

11/04/2010 13:03 PERIOD FROM 07/01/2009 TO 06/30/2010 IN LIEU OF FORM CMS-2552-96 (9/2000) WORKSHEET S-3 ADJUSTED PAID HOURS AVERAGE HOSPITAL WAGE INDEX INFORMATION RECLASS. PART II RELATED HOURLY WAGE OF SALARIES SALARIES DATA TO SALARY (COL.3 / PART II - WAGE DATA TWITOMA FROM WKST. (COL.1 + IN COL.3 COL.4) SOURCE REPORTED A-6 COL.2) 2 5 6 7 3 4 SALARIES 249322.00 1 5516783 TOTAL SALARIES 2 NON-PHYSICIAN ANESTHETIST PART A 3 NON-PHYSICIAN ANESTHETIST PART B PHYSICIAN - PART A 4.01 4.01 TEACHING PHYSICIAN SALARIES PHYSICIAN - PART B 5.01 NON-PHYSICIAN - PART B 5.01 INTERNS & RESIDENTS (IN APPR PGM) 6 6.01 6.01 CONTRACT SERVICES, I&R HOME OFFICE PERSONNEL Я SNF 1016277 -26703 35265.00 8.01 8.01 EXCLUDED AREA SALARIES OTHER WAGES & RELATED COSTS 7171.00 CONTRACT LABOR 441661 9.01 9.01 PHARMACY SERVICES UNDER CONTRACT 9.02 9.02 LABORATORY SERVICES UNDER CONTRACT 9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES' 9.03 10 CONTRACT LABOR: PHYSICIAN PART A 652374 6822.00 10 10.01 10.01 TEACHING PHYSICIAN UNDER CONTRACT HOME OFFICE SALARIES & WAGE REL COSTS 11 11 12 HOME OFFICE: PHYSICIAN PART A 12 12.01 12.01 TEACHING PHYSICIAN SALARIES WAGE-RELATED COSTS CMS 339 13 1121961 WAGE RELATED COSTS (CORE) 13 CMS 339 14 14 WAGE RELATED COSTS (OTHER) CMS 339 15 245243 EXCLUDED AREAS 15 CMS 339 16 NON-PHYSICIAN ANESTHETIST PART A 16 CMS 339 17 NON-PHYSICIAN ANESTHETIST PART B CMS 339 18 18 PHYSICIAN PART A CMS 339 18.01 18.01 PART A TEACHING PHYSICIANS CMS 339 19 19 PHYSICIAN PART B 19.01 19.01 WAGE RELATED COSTS (RHC/FQHC) CMS 339 20 INTERNS & RESIDENTS (IN APPR PGM) 20 OVERHEAD COSTS - DIRECT SALARIES EMPLOYEE BENEFITS 21 21 ADMINISTRATIVE & GENERAL 708698 26703 36449.00 22 22 22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT 22.01 23 MAINTENANCE & REPAIRS 23 6246.00 24 OPERATION OF PLANT 149430 24 25 LAUNDRY & LINEN SERVICE 23129 2676.00 25 12840.00 26 HOUSEKEEPING 151403 26 26.01 26.01 HOUSEKEEPING UNDER CONTRACT 3880.00 148791 -103538 DIETARY 27.01 DIETARY UNDER CONTRACT 28 103538 8877.00 CAFETERIA 29 MAINTENANCE OF PERSONNEL 29 30 6161.00 30 NURSING ADMINISTRATION 187323 31 CENTRAL SERVICES AND SUPPLY 31 32 32 PHARMACY 8962.00 33 MEDICAL RECORDS & MEDICAL RECORDS LIBR 140274 33 51891 1988.00 34 SOCIAL SERVICE 34 OTHER GENERAL SERVICE 35 35

HOSPITAL	WAGE	INDEX	INFORMATION

WORKSHEET S-3 PART III

AVERAGE

PAID HOURS

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PART	III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED 1	OF SALARIES FROM WKST. A-6 2	SALARIES (COL.1 + COL.2)	RELATED TO SALARY IN COL.3	HOURLY WAGE (COL.3 / COL.4) 5	
1	NET SALARIES	5516783		5516783	249322.00	22.13	1
2	EXCLUDED AREA SALARIES	1016277	-26703	989574	35265.00	28.06	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	4500506	26703	4527209	214057.00	21.15	3
4	SUBTOTAL OTHER WAGES & REL COSTS	1094035		1094035	13993.00	78.18	4
5	SUBTOTAL WAGE-RELATED COSTS	1121961		1121961		24.78%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	6716502	26703	6743205	228050.00	29.57	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	1560939	26703	1587642	88079.00	18.03	13

ADJUSTED

RECLASS.

	DER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL D FROM 07/01/2009 TO 06/30/2010		OPTIMIZER SYSTEM IN LIEU OF FORM	MS, INC. CMS-2552	WIN-LASH MICRO SYSTE -96 (11/98)	WERSION: 11/04/201	2010.09 0 13:03
	HOSPITAL-BASED HOME HEALTH AGENCY STATISTIC	CAL DATA	1	HHA NO.:	14-7166	WORKS	HEET S-4
	HOME HEALTH AGENCY STATISTICAL DATA		COUNTY	:			
	DESCRIPTION	TITLE V	TITLE XVIII	TITLE	XIX OTHER	TOTAL 5	
1 2	HOME HEALTH AIDE HOURS UNDUPLICATED CENSUS COUNT		3455 273.00		22 120.00	3477 393.00	1 2
	HOME HEALTH AGENCY - NUMBER OF EMPLOYE	ES (FULL TIM	E EQUIVALENT)				
	ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00			STAFF 1	CONTRACT 2	TOTAL 3	
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S) DIRECTORS AND ASSISTANT DIRECTOR(S)		:	1.00		1.00	3 4
5	OTHER ADMINISTRATIVE PERSONNEL			2.03		2.03	5
6	DIRECT NURSING SERVICE			6.71		6.71	6
7	NURSING SUPERVISOR			1.00		1.00	7
8	PHYSICAL THERAPY SERVICE			. 92	.20	1.12	8
9	PHYSICAL THERAPY SUPERVISOR		A Committee of the Comm		of March 1997		. 9
10	OCCUPATIONAL THERAPY SERVICE				.09	.09	10
11	OCCUPATIONAL THERAPY SUPERVISOR		+ 5				11
12	SPEECH PATHOLOGY SERVICE				.03	.03	12
1:3	SPEECH PATHOLOGY SUPERVISOR				2	*	13
14	MEDICAL SOCIAL SERVICE	4		.75	Marine Land Land Land	.75	14
15	MEDICAL SOCIAL SERVICE SUPERVISOR						15
16	HOME HEALTH AIDE			1.67	•	1.67	16
17	HOME HEALTH AIDE SUPERVISOR						17
1.0	OFFICE (OPECIEV)						1.8

17 18	HOME HEALTH AIDE SUPERVISOR OTHER (SPECIFY)			2.2.	17 18
	HOME HEALTH AGENCY MSA CODES				
			1	1.01	
19	HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVI	CES		2	19
	TO DURING THIS COST REPORTING PERIOD	T CED		99914	20
20	LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERV DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)	ICED		22214	20
20.01				41180	20.01

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7166

WORKSHEET S-4 (CONTINUED)

# PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

		FULL E	PISODES			SCIC			
		WITHOUT	WITH	LUPA	PEP ONLY	WITHIN	SCIC ONLY		
		OUTLIERS	OUTLIERS	EPISODES	EPISODES	A PEP	EPISODES	TOTAL	
		1	2	3	4	5	6	7	
21	SKILLED NURSING VISITS	3190		333	. 29			3552	21
22	SKILLED NURSING VISIT CHARGES	477228		49934	4350			531512	22
23	PHYSICAL THERAPY VISITS	748		13	8			769	23
24	PHYSICAL THERAPY VISIT CHARGES	122387		2132	1312			125831	24
25	OCCUPATIONAL THERAPY VISITS	58		1				59	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	9556		165				9721	26
27	SPEECH PATHOLOGY VISITS	44						44	27
28	SPEECH PATHOLOGY VISIT CHARGES	7656						7656	28
29	MEDICAL SOCIAL SERVICE VISITS	73		5	1	٠,		79	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	14862		1020	204			16086	30
31	HOME HEALTH AIDE VISITS	605		8	14			627	31
32	HOME HEALTH AIDE VISIT CHARGES	40998		544	952			42494	32
33	TOTAL VISITS	4718		360	52			5130	33
34	OTHER CHARGES								34
.35	TOTAL CHARGES	672687		53795	6818			733300	35
36	TOTAL NUMBER OF EPISODES	501		115	. 7			623	36
37	TOTAL NUMBER OF OUTLIER EPISODES								37
38	TOTAL MEDICAL SUPPLY CHARGES	23533		2497	57			26087	38

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# NHCMQ DEMONSTRATION STATISTICAL DATA STATISTICAL DATA

WORKSHEET S-7

	GROUP	M3PI REVENUE CODE	SERV PRIOR TO RATE	JANUARY 1 DAYS	ON OR AF' RATE	RVICES TER JANUARY 1 DAYS	TOTAL	
	1	2 .	3	3.01	4	4.01	5	
3.0 4 5 6 6.0	RVC/RUC RVB/RUB RVA/RUA 1 RUX 2 RUL RHD/RVC RHC/RVB RHB/RVA 1 RVX 2 RVL						1 2 3 3.0 3.0 4 5 6.0 6.0	)2
7 8 9 9.0	RHA/RHC RMC/RHB RMB/RHA 1 RHX				*		8 9 9.0	)1
9.0 10 11	2 RHL RMA/RMC RLB/RMB						9.0 10 11	
	RLA/RMA 11 RMX 22 RML SE3/RLB						12 12.0 12.0 13	
14 15 16 17 18	SE2/RLA SE1/SE3 SSC/SE2 SSB/SE1 SSA/SSC						14 15 16 17 18	
19 20 21 22 23	CD2/SSB CD1/SSA CC2 CC1 CB2					et.	19 20 21 22 23	
24 25 26 27 28	CB1 CA2 CA1 IB2 IB1						24 25 26 27 28	
29 30 31 32 33	IA2 IA1 BB2 BB1 BA2						29 30 31 32 33	
34 35 36 37 38	BA1 PE2 PE1 PD2 PD1						34 35 36 37 38	
39 40 41 42	PC2 PC1 PB2 PB1 PA2						39 40 41 42 43	
45.	PA1 AAA 01 ES3 02 ES2 03 ES1						44 45. 45.( 45.(	02 03
45. 45. 45.	04 HE2 05 HE1 06 HD2 07 HD1 08 HC2						45. 45. 45. 45.	05 06 07 08
45. 45. 45. 45. 45.	09 HC1 10 HB2 11 HB1 12 LE2 13 LE1 14 LD2 15 LD1 16 LC2						45. 45. 45. 45. 45. 45.	10 11 12 13 14 15
45. 45. 45. 45. 45.	17 LC1 18 LB2 19 LB1 20 CE2 21 CE1 22 CD2 23 CD1 TOTAL						45. 45. 45. 45. 45. 45.	17 18 19 20 21 22

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# RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	RE	ECLASSIFICATION AND ADJUSTMENT OF TRI	AL BALANCE	OF EXPENSE	ES				WORKSH	EET A
		COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
		GENERAL SERVICE COST CENTERS	-	4	3	*	3	· ·	,	
1	0100	OLD CAP REL COSTS-BLDG & FIXT								1
2	0200	OLD CAP REL COSTS-MVBLE EQUIP								2
3		NEW CAP REL COSTS-BLDG & FIXT		582684	582684	-566222	16462		16462	3
		NEW CAPITAL - BUILDING 1				17340	17340		17340	3.01
		NEW CAPITAL - BUILDING 2				85855	85855		85855	3.02
4		NEW CAP REL COSTS-MVBLE EQUIP				530317	530317	-27105	503212	4
5 6		EMPLOYEE BENEFITS	708698	2158863	2867561	1367204 -1342493	1367204 1525068	-137104	1367204 1387964	5 6
7		ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	700090	2130003	200/301	~1342433	1323000	-13/104	130/304	7
8		OPERATION OF PLANT	149430	420165	569595	5994	575589	-637	574952	8
9			23129	8401	31530		31530		31530	9
10		HOUSEKEEPING	151403	17530	168933		168933		168933	10
11	1100	DIETARY	148791	81009	229800	-159909	69891	-945	68946	11
12		CAFETERIA				159909	159909	-36668	123241	
13		MAINTENANCE OF PERSONNEL				•				13
14		NURSING ADMINISTRATION	187323	7513	194836		194836	-846	193990	
15		CENTRAL SERVICES & SUPPLY				•				15 16
16 17		PHARMACY MEDICAL RECORDS & LIBRARY	140274	25384	165658		165658	-6379	159279	
18		SOCIAL SERVICE	51891	25501	51891		51891	0373	51891	
19		OTHER GENERAL SERVICE COST CENT	32032	27898	27898	-27898	3.33			19
20		NONPHYSICIAN ANESTHETISTS								20
21	2100	NURSING SCHOOL								21
22		I&R SERVICES-SALARY & FRINGES A								22
23		I&R SERVICES-OTHER PRGM COSTS A								23
24	2400	PARAMED ED PRGM- (SPECIFY)								24
		INPATIENT ROUTINE SERV COST CENTERS	620114	30470	668584		668584		660504	25
25 26		ADULTS & PEDIATRICS INTENSIVE CARE UNIT	638114 297185	30470 60	297245		297245		668584 297245	25 26
26	2600	ANCILLARY SERVICE COST CENTERS	297103	00	231243		251245		291243	20
37	3700	OPERATING ROOM	215845	28239	244084		244084		244084	37
38		RECOVERY ROOM	37515	672	38187		38187		38187	
40		ANESTHESIOLOGY		261049	261049		261049		261049	40
41	4100	RADIOLOGY-DIAGNOSTIC	405251	511882	917133		917133	-280	916853	41
44		LABORATORY	479174	641832	1121006		1121006	-56824	1064182	
		BLOOD CLOTTING FACTORS ADMIN CO								46.30
48		INTRAVENOUS THERAPY	140001	9312	9312	24706	9312	17000	9312	
49			147071 26745	151672 411457	298743 438202	-24796	273947 438202	-17883	256064 438202	
50 51		PHYSICAL THERAPY OCCUPATIONAL THERAPY	26745	411431	436202		430202		430202	51
52		SPEECH PATHOLOGY		3954	3954		3954		3954	
55			84467	228131	312598	24796	337394	-413	336981	
		IMPL. DEV. CHARGED TO PATIENT								55.30
56	5600	DRUGS CHARGED TO PATIENTS	150305	744584	894889		894889	-618	894271	56
59	3140	CARDIOLOGY	59376	2514	61890		61890	-6380	55510	
		CARDIAC REHABILITATION								59.97
		HYPERBARIC OXYGEN THERAPY								59.98
59.99	3999	LITHOTRIPSY								59.99
60	6000	OUTPATIENT SERVICE COST CENTERS CLINIC	44526	2520	47046		47046	-16970	30076	60
61		EMERGENCY	353993	866403	1220396		1220396	-185271		
62		OBSERVATION BEDS (NON-DISTINCT	000000	000102					200020	62
		RURAL HEALTH CLINIC								63.50
63.60										63.60
		OTHER REIMBURSABLE COST CENTERS								
69.10										69.10
		OUTPATIENT PHYSICAL THERAPY								69.20
		OUTPATIENT OCCUPATIONAL THERAPY								69.30
		OUTPATIENT SPEECH PATHOLOGY	614521	120379	734900	-26760	708140		708140	69.40
71	7100	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	914221	120379	734900	-20/00	708140		708140	/ L
85 N1	8510	PANCREAS ACQUISITION								85.01
		INTESTINAL ACQUISITION								85.02
		ISLET CELL ACQUISITION								85.03
88		INTEREST EXPENSE		23768	23768	-23768				88
90		OTHER CAPITAL RELATED COSTS		21561	21561	-21561				90
95		SUBTOTALS	5115027	7389906	12504933	-1992	12502941	-494323	12008618	95
		NONREIMBURSABLE COST CENTERS								0.7
96		GIFT, FLOWER, COFFEE SHOP & CAN	40777							96
98		PHYSICIANS' PRIVATE OFFICES	401756	77110	478866		478866		478866	
100		RENTAL PROPERTY MEDICAL OFFICE BUILDINGS		8064	8064	1992	10056		10056	100
100.01	1203	TOTAL	5516783	7475080	12991863	1336	12991863	-494323		
TOT		* C 4.444						.,,,,,	LL 17 (J 10	

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#### RECLASSIFICATIONS

WORKSHEET A-6 PAGE 1

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE		INCREASE		** ** ** ** ** ** ** ** **
			COST CENTER	LINE #	SALARY	OTHER
		1	•	3	4	5
1	DEPRECIATION EXPENSE DEPRECIATION EXPENSE	A	NEW CAPITAL - BUILDING 1 NEW CAPITAL - BUILDING 2 HOME HEALTH AGENCY  OPERATION OF PLANT NEW CAP REL COSTS-MVBLE EQUIP	3.01		15077 1
2	DEPRECIATION EXPENSE	A	NEW CAPITAL - BUILDING 2	3.02		77451 2
3	DEPRECIATION EXPENSE	A	HOME HEALTH AGENCY	71		4781 3
4	DEPRECIATION EXPENSE	A				4
5	DEPRECIATION EXPENSE	A	OPERATION OF PLANT	8		828 5
6	DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-MVBLE EQUIP	4		468707 6
7	DEPRECIATION EXPENSE	A				7
8	EMPLOYEE BENEFITS	В	EMPLOYEE BENEFITS	. 5		1367204 8
9	INTEREST EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP			23768 9
10	EOUIPMENT RENTAL	D	NEW CAP REL COSTS-MVBLE EQUIP	4		27898 10
11	INSURANCE EXPENSE	E		the second second		. 11
12	INSURANCE EXPENSE	E	MEDICAL OFFICE BUILDINGS	100.01		1992 12
13	CAFETERIA EXPENSE	F	CAFETERIA	12	103538	
14	HOME HEALTH UTILITIES	G	OPERATION OF PLANT	8		5136 14
15	OXYGEN EXPENSE	н	MEDICAL SUPPLIES CHARGED TO P	55		24796 15
16	DEPRECIATION EXPENSE DEPRECIATION EXPENSE DEPRECIATION EXPENSE DEPRECIATION EXPENSE EMPLOYEE BENEFITS INTEREST EXPENSE EQUIPMENT RENTAL INSURANCE EXPENSE INSURANCE EXPENSE INSURANCE EXPENSE HOME HEALTH UTILITIES OXYGEN EXPENSE HHA BILLER SALARY INSURANCE EXPENSE HHA BILLER SALARY	I	ADMINISTRATIVE & GENERAL	6	26703	16
17	PLANT OPERATION MAINTENANCE	J		and the second of the second		17
18	MAINTENANCE - BMB	ĸ				18
19	CAPITAL INSURANCE	K	NEW CAP REL COSTS-BLDG & FIXT	31 1 4 4 1		622 19
20	CAPITAL INSURANCE	ĸ		3.01		2263 20
21	CAPITAL INSURANCE	ĸ	NEW CAPITAL - BUILDING 2	3.02		8404 21
22	CAPITAL INSURANCE	ĸ	HOME HEALTH AGENCY	. 71		298 22
23	CAPITAL INSURANCE	ĸ	OPERATION OF PLANT	. 8		30 23
24	CAPITAL INSURANCE CAPITAL INSURANCE CAPITAL INSURANCE CAPITAL INSURANCE	ĸ	NEW CAPITAL - BUILDING 2 HOME HEALTH AGENCY OPERATION OF PLANT NEW CAP REL COSTS-MVBLE EQUIP	4.		9944 24
25	•					25
26			,			
27						27
28	•			•		28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36	TOTAL RECLASSIFICATIONS				130241	2095570 36

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RECLASSIFICATIONS

WORKSHEET A-6 PAGE 1

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASI LINE (	E # SALARY 8	OTHER 9		T A-7 EF. 0
1	DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		15077	9	1
2	DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3 3 3		77451	9	2
3	DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		4781	9	3
4	DEPRECIATION EXPENSE	Α					9	4
5	DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		828	9	5
6	DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3	•	468707	9	6
7	DEPRECIATION EXPENSE	A					9	7
8	EMPLOYEE BENEFITS	В	ADMINISTRATIVE & GENERAL	6		1367204		8
9	INTEREST EXPENSE	C	INTEREST EXPENSE	88	and the state of t	23768	11	9
10	EQUIPMENT RENTAL	D	OTHER GENERAL SERVICE COST CE	19		27898	1.0	10
11	INSURANCE EXPENSE	E						11
12	INSURANCE EXPENSE	E	ADMINISTRATIVE & GENERAL	. 6	* *	1992		1.2
13	CAFETERIA EXPENSE	F	DIETARY	. 11		56371		13
14	HOME HEALTH UTILITIES	G	HOME HEALTH AGENCY		an Book of the March	5136		14
15	OXYGEN EXPENSE	H	RESPIRATORY THERAPY			24796		15
16	HHA BILLER SALARY	I	HOME HEALTH AGENCY	71	26703			16
17	PLANT OPERATION MAINTENANCE	J			the fire production of the control o			17
18	MAINTENANCE - BMB	K		• •	elega produkti kolonia elektrologia			18
. 19	CAPITAL INSURANCE	K	OTHER CAPITAL RELATED COSTS	90	The State of the S	622	12	
20	CAPITAL INSURANCE	K	OTHER CAPITAL RELATED COSTS	90		2263	12	20
21	CAPITAL INSURANCE	K	OTHER CAPITAL RELATED COSTS	. 90	1.1	8404	12	21
22	CAPITAL INSURANCE	K	OTHER CAPITAL RELATED COSTS	90		298	12	22
23	CAPITAL INSURANCE	ĸ	OTHER CAPITAL RELATED COSTS	90		30		23
24	CAPITAL INSURANCE	K	OTHER CAPITAL RELATED COSTS	90		9944	12	
25	•			74.				25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34			•					34
35								35
36	TOTAL RECLASSIFICATIONS				130241	2095570		36

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ANALYSIS OF CHANGES DURING COST REPORTING
PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7 PARTS I & II

# PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASE 2	ACQUISITIONS DONATION 3	TOTAL	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
	LAND IMPROVEMENTS							. 1
_	BUILDINGS AND FIXTURES							3
4	BUILDING IMPROVEMENTS				9	4		4
5	FIXED EQUIPMENT							5
6	MOVABLE EQUIPMENT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			100			. 6
7	SUBTOTAL							7
8	RECONCILING ITEMS	÷		*	· ·	4		8
9	TOTAL				·	•		9

# PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	***			A Company of the Comp					
		A 18 11 1			ACQUISITIONS		DISPOSALS		FULLY
	And the second s	3.55	BEGINNING				AND	ENDING	DEPRECIATED
	DESCRIPTION	1.30	BALANCES	PURCHASE	DONATION	TOTAL	RETIREMENTS	BALANCE	ASSETS
		•	*1. · · <b>1</b>	2	3	. 4	5	6	7
	4.5	•							
1	LAND		373504	69500		69500		443004	1 -
2	LAND IMPROVEMENTS		237919	71701		71701	40362	269258	86113 2
3	BUILDINGS AND FIXTURES		4729897	1033324		1033324	4179	5759042	2814844 3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT		162241					162241	101131 5
6	MOVABLE EQUIPMENT		3850941	164494		164494	133783	3881652	1368398 6
7	SUBTOTAL		9354502	1339019		1339019	178324	10515197	4370486 7
8	RECONCILING ITEMS								8
9	TOTAL		9354502	1339019		1339019	178324	10515197	4370486 9

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PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7 PARTS III &

1.									
•	C	OMPUTATION			ALLO	CATION OF	OTHER CAPITAL	L	
	anoae an		GROSS				CAPITAL~		
DECCE TRUE ON	GROSS CA ASSETS	PITALIZED LEASES	ASSETS FOR	RATIO	INSURANCE	TAXES	RELATED	TOTAL	
DESCRIPTION	ASSETS	DEASES	RATIO	KALIO	INSURANCE	IAALIO	COSTS	IOIAL	
	1	2	3	4	5	6	7	8	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000					1
OLD CAP REL COSTS-MVBLE EQUIP				.000000					2
3 NEW CAP REL COSTS-BLDG & FIXT	269258		269258	.027170					3
3.01 NEW CAPITAL - BUILDING 1	5759041		5759041	.581138					3.01
3.02 NEW CAPITAL - BUILDING 2				.000000					3.02
4 NEW CAP REL COSTS-MVBLE EQUIP	3881653		3881653	391692					4
5 TOTAL	9909952		9909952	1.000000					5
	•							•	
	_			A A A WWILD	OLD AND NEW	CAPITAL -			
	_			SUPPLIE OF	OLD AND MIN	CHELLAD	OTHER		
		DEPREC-					CAPITAL-		
DESCRIPTION		IATION	LEASE	INTEREST	INSURANCE	TAXES	RELATED	TOTAL	
DESCRIFIION		11111011			211001111011		COSTS		
	100	9	1.0	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT		•						* * .	1
2 OLD CAP REL COSTS-MVBLE EQUIP		11.00					1. * .		2
3 NEW CAP REL COSTS-BLDG & FIXT		15840			622			16462	
3.01 NEW CAPITAL - BUILDING 1		15077			2263			17340	
3.02 NEW CAPITAL - BUILDING 2		77451			8404			85855	
4 NEW CAP REL COSTS-MVBLE EQUIP		468707	27898		9944		-3337	503212	
5 TOTAL		577075	27898		21233		-3337	622869	5
				0 7 737770 1	million 4				
PART IV - RECONCILIATION OF	AMOUNTS FROM				THRU 4 FOLD AND NEW	CADITAL -			
	•			SUMMARI OF	Man dem did .	CMFIIAL -	OTHER		
		DEPREC-					CAPITAL-		
DESCRIPTION				************		TAXES	RELATED	TOTAL	
					INSTRANCE				
DESCRIPTION		IATION	LEASE	INTEREST	INSURANCE	IMAES			
DEBCKII I ION						13	COSTS 14	15	
DEBOKET 110A		IATION 9	LEASE 10	INTEREST	1NSURANCE		COSTS	15	
							COSTS	15	1
							COSTS	15	1 2
1 OLD CAP REL COSTS-BLDG & FIXT							COSTS	15 582684	2
1 OLD CAP REL COSTS-BLDG & FIXT 2 OLD CAP REL COSTS-MVBLE EQUIP		9					COSTS		2 3 3.01
1 OLD CAP REL COSTS-BLDG & FIXT 2 OLD CAP REL COSTS-MVBLE EQUIP 3 NEW CAP REL COSTS-BLDG & FIXT		9					COSTS		2 3 3.01 3.02
1 OLD CAP REL COSTS-BLDG & FIXT 2 OLD CAP REL COSTS-MVBLE EQUIP 3 NEW CAP REL COSTS-BLDG & FIXT 3.01 NEW CAPITAL - BUILDING 1		9 582684					COSTS	582684	2 3 3.01 3.02 4
1 OLD CAP REL COSTS-BLDG & FIXT 2 OLD CAP REL COSTS-MVBLE EQUIP 3 NEW CAP REL COSTS-BLDG & FIXT 3.01 NEW CAPITAL - BUILDING 1 3.02 NEW CAPITAL - BUILDING 2		9					COSTS		2 3 3.01 3.02

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#### ADJUSTMENTS TO EXPENSES

50

TOTAL

PERTOD	FROM 07/01/2009 10 06/30/2010		IN DIEG	OF FORM CMD 2552 50 (11/50)	22,	01/1010	
	ADJUSTMENTS TO EXPENSES					WORKSHE	err A-s
	ADJUSTMENTS TO EXPENSES			EXPENSE CLASSIFICATION ON WORK	SHEET A TO		
				FROM WHICH THE AMOUNT IS TO BE			-7
	DESCRIPTION	BASIS	AMOUNT				
	DESCRIPTION	1	2	COST CENTER 3	4	5	
		_					
1	INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP	1		1
2	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT	В		OLD CAP REL COSTS-MVBLE EQUIP	2		2
3	INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-23768	NEW CAP REL COSTS-MVBLE EQUIP	4	11	4
5	INVESTMENT INCOME-OTHER						5
6	TRADE, QUANTITY, AND TIME DISCOUNTS						6
7		В	-31808	ADMINISTRATIVE & GENERAL	6		7
	REFUNDS AND REBATES OF EXPENSES RENTAL OF PROVIDER SPACE BY SUPPLIERS	9	-16970	CLINIC	60		, 8
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS		-5471	CHINIC	6		9
9	TELEPHONE SERVICES (PAY STATIONS EXCL) TELEVISION AND RADIO SERVICE PARKING LOT	A n			8		10
10	TELEVISION AND RADIO SERVICE	A	-637		0		11
11	PARKING LOT			• .			11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST					
		A-8-2	-259978				12
13	SALE OF SCRAP, WASTE, ETC.						13
14	RELATED ORGANIZATION TRANSACTIONS	WKST					
		A-8-1					14
15	LAUNDRY AND LINEN SERVICE	A		and the second s			15
16	CAFETERIA - EMPLOYEES AND GUESTS	В	36668	CAFETERIA	. 12 .		16
17	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS			WEDLAN GUDDING GUNDGED TO DATE			17
18	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					7	
	OTHER THAN PATIENTS	В	-413	MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS MEDICAL RECORDS & LIBRARY	55		. 18
19	SALE OF DRUGS TO OTHER THAN PATIENTS	В	-618	DRUGS CHARGED TO PATIENTS	56		19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-3218	MEDICAL RECORDS & LIBRARY	17	· · · · ·	. 20
21	NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)						.21
22	VENDING MACHINES						22
23	INCOME FROM IMPOSITION OF INTEREST,						
23	•						23
0.4	FINANCE OR PENALTY CHARGES						
24	INTEREST EXP ON MEDICARE OVERPAYMENTS &						24
	BORROWINGS TO REPAY MEDICARE OVERPAYMENT	MILCOM					24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN	WKST		DEGRIDAMORY MURRAPY	49		25
	EXCESS OF LIMITATION - HOSPITAL	A-8-4		RESPIRATORY THERAPY	49		25
26	ADJ FOR PHYSICAL THERAPY COSTS IN	WKST					2.0
	EXCESS OF LIMITATION - HOSPITAL	A-8-4		PHYSICAL THERAPY	50		26
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	A-8-4 WKST A-8-3					
	EXCESS OF LIMITATION	A-8-3		HOME HEALTH AGENCY	71		27
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89		28
29	DEPRECIATIONOLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1 .		29
30	DEPRECIATION OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		30
31	DEPRECIATION NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		31
32	DEPRECIATION NEW MOVABLE EQUIPMENT			HOME HEALTH AGENCY UTILIZATION REVIEW-SNF OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-WBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MUBLE EQUIP NONPHYSICIAN ANESTHETISTS	4		32
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20		33
34	PHYSICIANS' ASSISTANT						34
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN	WKST					
	EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		OCCUPATIONAL THERAPY	51		35
36	ADJ FOR SPEECH PATHOLOGY COSTS IN	WKST					
30	EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		SPEECH PATHOLOGY	52		36
37							37
38	IHA FEES RELATED TO LOBBYING	A	-5326	ADMINISTRATIVE & GENERAL	6		38
38 39		. В	-3161		17		39
		A	-3337	NEW CAP REI. COSTS-MURIE ECUITO	4	14	40
40	TELEVISION SATELLITE	В	-3337	ADMINISTRATIVE & GENERAL	6	**	41
41	MISC. OPERATING REVENUE			RADIOLOGY-DIAGNOSTIC	41		42
42	X-RAY FILM COPYING	В	-280	NURSING ADMINISTRATION			43
43	INSERVICE EDUCATION	В	-846		14		
44	CARDIAC REHAB	В	-6380	CARDIOLOGY	59		44
45	DIABETIC CONSULTATION	В	-945	DIETARY	11		4.5
46		_			_		46
47	PUBLIC RELATIONS	A	-6352	ADMINISTRATIVE & GENERAL	6		47
48							48
49	TAXES	A	-13021	ADMINISTRATIVE & GENERAL	6		49
49.02	PROVIDER TAX ASSESSMENT	A	-75123	ADMINISTRATIVE & GENERAL	6		49.0
50	TOTAL		-494323				50

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LI		CENTER	EXPENSE	ITEMS	ALLOWABLE COST	IN WKST A, COL 5)	USTMENTS	A-7 REF	
1		2	3		4	5	6	7	
1									1
2								:	2
3									3
4									1
5	TOTALS								5

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

	• •	*		RELATED	ORGANIZATI	ION(S) AND/OR	HOME OFFICE	
	11,1-	•	PERCENT			PERCENT	*	
	SYMBOL	NAME	OF	NAME		OF	TYPE OF	
	(1)	4	OWNERSHIP			OWNERSHIP	BUSINESS	
	1	2	3	4		5	· 6	
1								
2								
3								
4								
5								
_								

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
  - A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
  - B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
  - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
  - D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
  - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
  - F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
  - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/96)

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#### PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

UNAL	WKST A	COST CENTER/		TOTAL REMUNERA-	PROFES-			PHYSICIAN/ PROVIDER	UNAD- JUSTED	PERCENT OF
	LINE NO.	PHYSICIAN IDENTIFIER		TION INCL FRINGES	SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	COMPONENT HOURS	RCE LIMIT	JUSTED RCE
LIMI	T 1	2		3	4	5	6	7	8	9
_ 1	44	LABORATORY	AGGREGATE	56824	56824					
<b>2</b>	49	RESPIRATORY THERAPY	AGGREGATE	17883	17883					
3	61	EMERGENCY	AGGREGATE	837645	185271	652374				
101		TOTAL		912352	259978	652374				

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/96)

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WORKSHEET A-8-2

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

COST OF	PROVIDER	PHYSICIAN	PROVIDER			
MEMBERSHIP	COMPONENT	COST OF	COMPONENT	ADJUSTED	RCE	
& CONTIN.	SHARE OF	MALPRACTICE	SHARE OF	RCE	DIS-	ADJUST-
EDUCATION	COLUMN 12	INSURANCE	COLUMN 14	LIMIT	ALLOWANCE	MENT
12	12	14	15	16	17	18

WKST COST CENTER/ PHYSICIAN IDENTIFIER A LINE NO. 10 1 44 LABORATORY AGGREGATE 56824 RESPIRATORY THERAPY AGGREGATE 17883 3 61 AGGREGATE EMERGENCY 185271 101 TOTAL 259978

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

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REASONABLE COST DETERMINATION FOR THERAPY SERVICES

WORKSHEET A-8-4

	NABLE COST DETERMINATION FOR IN SHED BY OUTSIDE SUPPLIERS ON OF		1998					PART	S I & II
	[ XX ] OCCUI	PATIONAL [ ]	PHYSICAL [	] RESPIRATORY	[ ]	SPEECH P	ATHOLOGY		
	PART I - GENERAL INFORMATIO	ON							
1 2 3 4	TOTAL NUMBER OF WEEKS WORKED LINE 1 MULTIPLIED BY 15 HOURS NUMBER OF UNDUPLICATED DAYS OF NUMBER OF UNDUPLICATED DAYS OF BUT NEITHER SUPERVISOR NOR THI	PER WEEK N WHICH SUPERVISOR N WHICH THERAPY AS:	SISTANT WAS ON P		Ē				1 2 3 4
5	NUMBER OF UNDUPLICATED OFFSITI			rs				105	- 5
6	NUMBER OF UNDUPLICATED OFFSITE	E VISITS - THERAPY	ASSISTANTS					3.45	6
7 8	STANDARD TRAVEL EXPENSE RATE OPTIONAL TRAVEL EXPENSE RATE	PER MILE						3.45	, B
		SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3		AIDES 4	TR	AINEES 5	
13	TOTAL HOURS WORKED  AHSEA  STANDARD TRAVEL ALLOWANCE  NO OF TRAVEL HRS (PROV SITE)  NO OF TRAVEL HRS (OFFSITE)  MILES DRIVEN (PROV SITE)  MILES DRIVEN (OFFSITE)	32.23	183.00 64.45 32.23	46.72 23.36					9 10 11 12 12.01 13 13.01
	PART II - SALARY EQUIVALEN	CY COMPUTATION							
14 15 16	SUPERVISORS THERAPISTS ASSISTANTS							11794	14 15 16
17 18	SUBTOTAL ALLOWANCE AMOUNT AIDES							11794	17 18 19
19 20 21	TRAINEES TOTAL ALLOWANCE AMOUNT WEIGHTED AVERAGE RATE EXCLUDI							11794	20 21
22 23	WEIGHTED ALLOWANCE EXCLUDING TOTAL SALARY EQUIVALENCY	AIDES AND TRAINEES	i					11794	22 23

PROVIDER NO.	14-1306	COMMUNITY	MEMORIAL	HOSPITAL
DEDIOD EDOM	07/01/2009	TO 06/3	20/2010	

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

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	SONABLE COST DETERMINATION FOR THERAPY SERVICES NISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998	WORKSHE PARTS I	ET A-8- II & IV
	[ XX ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY		
	PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE		
	STANDARD TRAVEL ALLOWANCE		0.4
24	THERAPISTS		24 25
25	ASSISTANTS		26
26 27	SUBTOTAL STANDARD TRAVEL EXPENSE		27
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE		28
2.0			
	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
29	THERAPISTS		29
30	ASSISTANTS		30
31	SUBTOTAL		31
32	OPTIONAL TRAVEL EXPENSE		32 33
33	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE		34
34 35	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		35
33	OFIIONAL TRAVEL ALLONANCE AND OFIIONAL TRAVEL BALLMOS		
	PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVI	DER SITE	
	STANDARD TRAVEL EXPENSE		
36	THERAPISTS	3384	36
37	ASSISTANTS		37
38	SUBTOTAL	3384	38
39	STANDARD TRAVEL EXPENSE	362	39
	CONTRACTOR AND AND CONTRACTOR OF THE STREET BYDENCE		
4.0	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE THERAPISTS		40
40 41	INDICATION ASSESSMENTS		41
42	SUBTOTAL		42
43	OPTIONAL TRAVEL EXPENSE		43
	TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES		
44	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	3746	44
45	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE		45 46
46	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		46

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

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REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4 PARTS V,VI & VII

[ XX ]	OCCUPATIONAL	[ ]	] PHYSICAL	Į.	] RESPIRATORY	Ι.	] SPEECH PATHOLOGY	

	PART V - OVERTIME COMPUTAT	ION THERAPISTS 1	ASSISTANTS 2	AIDES 3	TRAINEES 4	TOTAL 5	
4	7 OVERTIME HOURS WORKED DURING REPORTING PERIOD						47
4							48
4	9 TOTAL OVERTIME						49
	CALCULATION OF LIMIT						= 0
5					•		50
5	HOURS BY CATEGORY  ALLOCATION OF PROVIDER'S				•		51
5	STANDARD WORKYEAR FOR ONE			•	The second secon		J
	FULL TIME EMPLOYEE TIMES						
	THE PERCENTAGES ON LINE 50				and the second second		
	DETERMINATION OF OVERTIME ALLOW	ANCE				4	
- 5							52
	EQUIVALENCY AMOUNT						53
_	3 OVERTIME COST LIMITATION 4 MAXIMUM OVERTIME COST		•				53 54
_	4 MAXIMUM OVERTIME COST 5 PORTION OF OVERTIME ALREADY			•			55
2	INCLUDED IN HOURLY			,			
	COMPUTATION AT THE AHSEA				the second second		
5	6 OVERTIME ALLOWANCE						56
	PART VI - COMPUTATION OF T	HERAPY LIMITATIO	ON AND EXCESS COST ADD	JUSTMENT			
5	7 SALARY EQUIVALENCY AMOUNT					11794	57
5	8 TRAVEL ALLOWANCE AND EXPENSE						58
	9 TRAVEL ALLOWANCE AND EXPENSE	- OFFSITE SERVIO	CES			3746	59
	O OVERTIME ALLOWANCE						60 61
	1 EQUIPMENT COST						62
	2 SUPPLIES 3 TOTAL ALLOWANCE					15540	63
-	10 TAL COST OF OUTSIDE SUPPLIE	R SERVICES				12946	64
	5 EXCESS OVER LIMITATION						65

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998	WORKSHEE PARTS V,V	
[ XX ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY		
PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES		
66 COST OF OUTSIDE SUPPLIER SERVICES - HOSPITAL 66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I 67 TOTAL COST 68 RATIO OF HOSPITAL COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST - HOSPITAL 68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST - HHA I 69 EXCESS OF COST OVER LIMITATION - HOSPITAL	12946 12946 1.000000 0	66 66.31 67 68 68.31
70 TOTAL EXCESS OF COST OVER LIMITATION	0	70

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL

PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09 11/04/2010 13:03

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09 11/04/2010 13:03

	NABLE COST DETERMINATION FOR THE CHED BY OUTSIDE SUPPLIERS ON OF		998					SHEET A-8-4 IS I & II
	[ ] OCCUE	PATIONAL [ XX ]	PHYSICAL [	] RESPIRATORY	[ ]	SPEECH I	PATHOLOGY	
	PART I - GENERAL INFORMATIO	ON						
1	TOTAL NUMBER OF WEEKS WORKED	(EXCLUDING AIDES)					52	1
2	LINE 1 MULTIPLIED BY 15 HOURS						780	2
3	NUMBER OF UNDUPLICATED DAYS OF				3		254	3
4	NUMBER OF UNDUPLICATED DAYS OF			OVIDER SITE				4
5	BUT NEITHER SUPERVISOR NOR THE NUMBER OF UNDUPLICATED OFFSITE			1			403	5
6	NUMBER OF UNDUPLICATED OFFSITE			,			7	6
7	STANDARD TRAVEL EXPENSE RATE						3.45	7
8	OPTIONAL TRAVEL EXPENSE RATE I	PER MILE			•			8
		SUPERVISORS	THERAPISTS	ASSISTANTS		AIDES	TRAINEES	
		SUPERVISORS 1	2 2	3 3		4	5 TRAINEES	
		-				-	~	
. 9	TOTAL HOURS WORKED		3181.00	3797.00				9
10	AHSEA		68.01	51.01	1.00			10
11 .	STANDARD TRAVEL ALLOWANCE	34.01	34.01	25.51	- "		*.*	11
12	NO OF TRAVEL HRS (PROV SITE)			•				12
12.01	NO OF TRAVEL HRS (OFFSITE)				1		•	12.01
13	MILES DRIVEN (PROV SITE)							13
13.01	MILES DRIVEN (OFFSITE)							13.01
	PART II - SALARY EQUIVALENC	CY COMPUTATION						•
14	SUPERVISORS							14
15	THERAPISTS						216340	15
16	ASSISTANTS						193685	16
17	SUBTOTAL ALLOWANCE AMOUNT						410025	17
18	AIDES							18
19	TRAINEES						410025	19 20
20	TOTAL ALLOWANCE AMOUNT	אנו אדווים אוני שניא דאוב	TPC				410025	20 21
21 22	WEIGHTED AVERAGE RATE EXCLUDING A		reo .					22
23	TOTAL SALARY EQUIVALENCY	CHARLES CHAR					410025	23

PROVIDER NO.	14-1306	COMMUNITY	MEMORIAL	HOSPITAL
PERIOD FROM	07/01/2009	9 TO 06/	30/2010	

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09 11/04/2010 13:03

REASONABLE COST DETERMINATION FOR THERAPY SERVICES

WORKSHEET A-8-4

FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998	PARTO.	III & IV
[ ] OCCUPATIONAL [ XX ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY	Z.	
PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE		
STANDARD TRAVEL ALLOWANCE 24 THERAPISTS	8639	24
24 THERAPISTS 25 ASSISTANTS	0000	25
26 SUBTOTAL	8639	26
27 STANDARD TRAVEL EXPENSE	876	27
28 TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE	9515	28
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
29 THERAPISTS		29
30 ASSISTANTS		30
31 SUBTOTAL		31 32
32 OPTIONAL TRAVEL EXPENSE	9515	33
33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	2212	34
34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		35
PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PRO	OVIDER SITE	,
STANDARD TRAVEL EXPENSE		
36 THERAPISTS	13706	36
37 ASSISTANTS	179	37
38 SUBTOTAL	13885	38
39 STANDARD TRAVEL EXPENSE	1415	39
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
40 THERAPISTS		40 41
41 ASSISTANTS		42
42 SUBTOTAL 43 OPTIONAL TRAVEL EXPENSE		43
43 OPTIONAL TRAVEL EXPENSE		
TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES	15000	
44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE	15300	44 45
45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE		45 46
46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		#0

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09 11/04/2010 13:03

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

WORKSHEET A-8-4 PARTS V,VI & VII

	[ ] OCCUPATIONAL [ XX ] PHYSICAL [ ] RESPIRATORY [ ] SPEECH PATHOLOGY		
		TAL	
	1 2 3 4	5	
47	OVERTIME HOURS WORKED		47
4/	DURING REPORTING PERIOD		
48	OVERTIME RATE		48
49	TOTAL OVERTIME		49
	CALCULATION OF LIMIT		
50	PERCENTAGE OF OVERTIME	*	50
	HOURS BY CATEGORY		
51	ALLOCATION OF PROVIDER'S		51
	STANDARD WORKYEAR FOR ONE		
	FULL TIME EMPLOYEE TIMES THE PERCENTAGES ON LINE 50		
	DETERMINATION OF OVERTIME ALLOWANCE		
52			52
52	EOUTVALENCY AMOUNT		
53	OVERTIME COST LIMITATION		53
54	MAXIMUM OVERTIME COST		54
- 55	PORTION OF OVERTIME ALREADY		55
	INCLUDED IN HOURLY		
	COMPUTATION AT THE AHSEA		
56	OVERTIME ALLOWANCE		56
	PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT		
57	SALARY EQUIVALENCY AMOUNT	410025	57
58	TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE	9515	58
59	TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES	15300	59
60	OVERTIME ALLOWANCE		60
61	EQUIPMENT COST		61
62	SUPPLIES	424040	62 63
63	TOTAL ALLOWANCE	434840 428820	63 64
64		420020	65
65	EXCESS OVER LIMITATION		05

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL PERIOD FROM 07/01/2009 TO 06/30/2010	OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)	VERSION: : 11/04/2010	2010.09 13:03	
REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998				
[ ] OCCUPATIONAL [ XX ] PHYSICAL	[ ] RESPIRATORY [ ] SPEECH PATHOLOGY			
PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMI	TATION FOR NONSHARED THERAPY DEPARTMENT SERVICES			
66 COST OF OUTSIDE SUPPLIER SERVICES - HOSPITAL 66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I 67 TOTAL COST 68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST 68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST		400320 28500 428820 .933539 .066461	66 66.31 67 68 68.31	

70

EXCESS OF COST OVER LIMITATION - HOSPITAL TOTAL EXCESS OF COST OVER LIMITATION

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM

VERSION: 2010.09 IN LIEU OF FORM CMS-2552-96 (11/98) 11/04/2010 13:03

REASONABL	E C	)ST	DETER	KMINATION	ror	Tur	HAPI	PEKATCE	10	
FURNISHED	BY	ľUO	SIDE	SUPPLIERS	ON	OR	AFTER	APRIL	10,	1998

WORKSHEET A-8-4

	ISHED BY OUTSIDE SUPPLIERS ON OF		1998			PART	S I & II
	[ ] occur	PATIONAL [ ]	PHYSICAL [	] RESPIRATORY	[ XX ] SPEECH PATE	IOLOGY	
	PART I - GENERAL INFORMATIO	ON					
1	TOTAL NUMBER OF WEEKS WORKED					16 240	1 2
2	LINE 1 MULTIPLIED BY 15 HOURS NUMBER OF UNDUPLICATED DAYS ON		סגע שטדמגמשטיי מס	משמדווספס ארס	יםי	240 26	3
3 4	NUMBER OF UNDUPLICATED DAYS OF				Б	20	. 4
+	BUT NEITHER SUPERVISOR NOR THE			VIDDIC DIII			-
5	NUMBER OF UNDUPLICATED OFFSITE					55	5
6	NUMBER OF UNDUPLICATED OFFSITE	VISITS - THERAPY	ASSISTANTS				6
7	STANDARD TRAVEL EXPENSE RATE					3.45	7
8	OPTIONAL TRAVEL EXPENSE RATE I	PER MILE					8
		SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	
		1	2	3	4	5	
			113.50				9
9 10	TOTAL HOURS WORKED AHSEA		61.93				10
11	STANDARD TRAVEL ALLOWANCE	30.97	30.97				11
12	NO OF TRAVEL HRS (PROV SITE)				· · · · · · · · · · · · · · · · · · ·		12
12.0	1 NO OF TRAVEL HRS (OFFSITE)			6.5		4	12.01
13	MILES DRIVEN (PROV SITE)			•	•		13
13.0	01 MILES DRIVEN (OFFSITE)						13.01
	PART II - SALARY EQUIVALENC	CY COMPUTATION					
14	SUPERVISORS						14
15	THERAPISTS					7029	15
16	ASSISTANTS						16
17	SUBTOTAL ALLOWANCE AMOUNT					7029	17
1.8	AIDES						18 19
19 20	TRAINEES TOTAL ALLOWANCE AMOUNT					7029	20
21	WEIGHTED AVERAGE RATE EXCLUDING	NG ATDES AND TRAIN	IEES			61.93	21
22	WEIGHTED ALLOWANCE EXCLUDING					14863	22
23	TOTAL SALARY EQUIVALENCY					14863	23

PROVIDER NO.	14-1306	COMMUNITY	MEMORIAL	HOSPITAL
PERIOD FROM	07/01/2009	9 TO 06/	30/2010	

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09 11/04/2010 13:03

	SONABLE COST DETERMINATION FOR THERAPY SERVICES NISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998		WORKSHEET PARTS III	
	[ ] OCCUPATIONAL [ ] PHYSICAL [	] RESPIRATORY [ XX ] SPEECH PATHOLOGY		
	PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL	EXPENSE COMPUTATION - PROVIDER SITE		
24 25	STANDARD TRAVEL ALLOWANCE THERAPISTS ASSISTANTS		805	24 25
26	SUBTOTAL		805	26
27	STANDARD TRAVEL EXPENSE		90	27
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT I	HE PROVIDER SITE	895	28
	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE			
29	THERAPISTS			29
30	ASSISTANTS			30
31	SUBTOTAL	•		31
32	OPTIONAL TRAVEL EXPENSE		895	32 33
33	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE		895	34
34 35	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE			35
		TOTAL COMPUTATION CONTINUES DO	ITDED GIME .	
	PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL E	EXPENSE COMPUTATION - SERVICES OUTSIDE PROV	IDER SITE	
	STANDARD TRAVEL EXPENSE			
36	THERAPISTS		1703	36
37	ASSISTANTS		1703	37 38
38 39	SUBTOTAL STANDARD TRAVEL EXPENSE		190	39
39	SIANDARD IRAVED EXPENSE		200	33
	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE			
40	THERAPISTS			40 41
41 42	ASSISTANTS SUBTOTAL			42
43	OPTIONAL TRAVEL EXPENSE			43
13	OLI LOMILLE LALINON			
	TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES			
44	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE		1893	44 45
45 46	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE			45 46
40	OLITONAH ISWARE WHEOMERCE WAS OLITONAH ISWARE BYLENGE	•		20

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09 11/04/2010 13:03

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998 WORKSHEET A-8-4 PARTS V,VI & VII

	[ ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ XX ] SE	PEECH PATHOLOGY	
	PART V - OVERTIME COMPUTATION THERAPISTS ASSISTANTS AIDES TRAIN 1 2 3	IEES TOTAL 4 5	
47	OVERTIME HOURS WORKED DURING REPORTING PERIOD	47	7
48		48	_
49	TOTAL OVERTIME	49	)
50	CALCULATION OF LIMIT  PERCENTAGE OF OVERTIME	50	0
50	HOURS BY CATEGORY		
51		51	L
	STANDARD WORKYEAR FOR ONE FULL TIME EMPLOYEE TIMES		
	THE PERCENTAGES ON LINE 50		
	DETERMINATION OF OVERTIME ALLOWANCE	52	,
52	ADJUSTED HOURLY SALARY EOUIVALENCY AMOUNT	32	2
53		53	
54		54 55	
55		55	2
	INCLUDED IN HOURLY COMPUTATION AT THE AHSEA		
56		56	6
	PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT		
57		14863 57	
58		895 58 1893 59	
59 60		1893 5	
61		63	
62	2 SUPPLIES	62	
63		17651 63 7254 64	
64 65		723± 65	
us	2 MALCONO VIDE MARIA 4001		

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL VERSION: 2010.09 IN LIEU OF FORM CMS-2552-96 (11/98) 11/04/2010 13:03 PERIOD FROM 07/01/2009 TO 06/30/2010 WORKSHEET A-8-4 REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998 PARTS V, VI & VII ] OCCUPATIONAL [ ] PHYSICAL [ ] RESPIRATORY [ XX ] SPEECH PATHOLOGY PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES COST OF OUTSIDE SUPPLIER SERVICES - HOSPITAL 3954 66 66 66.31 66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I 3300 7254 67 67 TOTAL COST 68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST - HOSPITAL 68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST - HHA I .545079 68 .454921 68.31

EXCESS OF COST OVER LIMITATION - HOSPITAL

TOTAL EXCESS OF COST OVER LIMITATION

69

n

0

69

PART I

VERSION: 2010.09 11/04/2010 13:03 COST ALLOCATION - GENERAL SERVICE COSTS WORKSHEET B

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0			NEW CAPITA L - BUILDI NG 2 3.02		EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	
1	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT									1
□ 2 	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT	16462	16462							3
	NEW CAPITAL - BUILDING 1	17340		17340						
	NEW CAPITAL - BUILDING 2	85855			85855					
3.02 4	NEW CAP REL COSTS-MVBLE EQUIP	503212				503212				4
□ 5	EMPLOYEE BENEFITS	1367204					1367204			5
□ 6	ADMINISTRATIVE & GENERAL	1387964	1402	2946	3251	43136	182251	1620950	1620950	6
□ <b>7</b>	MAINTENANCE & REPAIRS					71.				7
□ 8	OPERATION OF PLANT	574952	3832	5053	17178	117895	37033	755943	112659	8
□ 9	LAUNDRY & LINEN SERVICE	31530	332	974		10198	5732	48766	7268	9
□ 10	HOUSEKEEPING	168933	296	318	1526	9106	37522	217701	32444	10
□ 11	DIETARY	68946	421		3425	12961	11215	96968	14451	11
□ 12	CAFETERIA	123241	297		2415	9138	25659	160750	23957	12
□ 13	MAINTENANCE OF PERSONNEL									13
□ 14	NURSING ADMINISTRATION	193990	164		1336	5055	46424	246969	36806	14
□ 15	CENTRAL SERVICES & SUPPLY									15
□ 16	PHARMACY			•						16
□ <b>17</b>	MEDICAL RECORDS & LIBRARY	159279	308	109	2202	9474	34764	206136	30721	17
□ 18	SOCIAL SERVICE	51891	66		537	2032	12860	67386	10043	18
19	OTHER GENERAL SERVICE COST CENT									19
□ 20	NONPHYSICIAN ANESTHETISTS									20
□ <b>21</b>	NURSING SCHOOL									21
□ 22	I&R SERVICES-SALARY & FRINGES A									22
□ 23	I&R SERVICES-OTHER PRGM COSTS A									23
□ 24	PARAMED ED PRGM-(SPECIFY)									24
□ 25	INPATIENT ROUTINE SERV COST CENTE ADULTS & PEDIATRICS	RS 668584	2426		19722	74626	158141	923499	137630	25
□ 26	INTENSIVE CARE UNIT	297245	294		2393	9055	73650	382637	57025	26
□ <b>37</b>	ANCILLARY SERVICE COST CENTERS OPERATING ROOM	244084	855		6953	26308	53492	331692	49432	37
□ 38	RECOVERY ROOM	38187	197		1598	6045	9297	55324	8245	38
□ 40	ANESTHESIOLOGY	261049	23		185	699		261956	39040	40
□ 41	RADIOLOGY-DIAGNOSTIC	916853	1166		9479	35865	100432	1063795	158538	41
□ 44	LABORATORY	1064182	434	1274		13335			178535	44
	BLOOD CLOTTING FACTORS ADMIN CO									
46.30 48		9312						9312	1388	48
□ 49	RESPIRATORY THERAPY	256064	300		2440	9233	36448	304485		
□ 50	PHYSICAL THERAPY	438202		1600			6628			
51	OCCUPATIONAL THERAPY									51
□ 52	SPEECH PATHOLOGY	3954						3954	589	

55	MEDICAL SUPPLIES CHARGED TO PAT	336981	327	961		10059	20933	369261	55031	55	
□ 55.30	IMPL. DEV. CHARGED TO PATIENT										
55.30											
56 □	DRUGS CHARGED TO PATIENTS	894271	157		1275	4826	37249	937778	139758	56	
59	CARDIOLOGY	55510	413		3355	12694	14715	86687	12919	59	
-	CARDIAC REHABILITATION										
59.98	HYPERBARIC OXYGEN THERAPY										
59.98 59.99 59.99	LITHOTRIPSY										
	OUTPATIENT SERVICE COST CENTERS										
60 []	CLINIC	30076	280		2276	8611	11035	52278	7791	60	
.61	EMERGENCY	1035125	474		3853	14580	87729	1141761	170158	61	
62 □	OBSERVATION BEDS (NON-DISTINCT									62	
_	RURAL HEALTH CLINIC										
	FQHC				•-						
03.00	OTHER REIMBURSABLE COST CENTERS				4.	100					
	CMHC					18 11					
69.10 69.20	O OUTPATIENT PHYSICAL THERAPY				•	•					
69.20	OUTPATIENT OCCUPATIONAL THERAPY										
69.30											
	OUTPATIENT SPEECH PATHOLOGY							* -			
69.40 71 □	HOME HEALTH AGENCY	708140				20320	145677	874137	130274	71	
П	SPECIAL PURPOSE COST CENTERS										
	PANCREAS ACQUISITION										
85.01 85.02	l ? INTESTINAL ACQUISITION										
85.02	2										
85.03 85.03	B ISLET CELL ACQUISITION										
95	SUBTOTALS	12008618	15009	13235	85399	482003	1267638	11881829	1529190	95	
	NONREIMBURSABLE COST CENTERS				156			E 3 0	7.6	0.0	
96 🗆	GIFT, FLOWER, COFFEE SHOP & CAN		56		456			512	76.	96	
98 D	PHYSICIANS' PRIVATE OFFICES	478866	1397	4105		21209	99566	605143	90185	98	
. 100	RENTAL PROPERTY									100	
100.0	DIMEDICAL OFFICE BUILDINGS	10056						10056	1499		
100.0	01	10056						10056			
		10056						10056		101 102	

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/97)

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B

VERSION: 2010.09 11/04/2010 13:03

	COST CENTER DESCRIPTION	OPERATION OF PLANT	& LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	ADMINIS- TRATION	LIBRARY		
		8	9	10	11	12	14	17	18	
1	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT									1
	OLD CAP REL COSTS-MVBLE EQUIP									2
□ 3	NEW CAP REL COSTS-BLDG & FIXT									3
3.01	NEW CAPITAL - BUILDING 1									
3.01 3.02	NEW CAPITAL - BUILDING 2				· ·					
3.02 4	NEW CAP REL COSTS-MVBLE EQUIP									4
□ · 5	EMPLOYEE BENEFITS									5
□ - 6	ADMINISTRATIVE & GENERAL				3					6
□ <b>7</b>	MAINTENANCE & REPAIRS									7
□ 8	OPERATION OF PLANT	868602								8
□ 9	LAUNDRY & LINEN SERVICE	24225	80259							9
□ 10	HOUSEKEEPING	21630		271775						10
□ 11	DIETARY	30786		10851	153056					11
□ 12	CAFETERIA	21706		7651		214064				12
□ 13	MAINTENANCE OF PERSONNEL									13
□ 14	NURSING ADMINISTRATION	12007	•	4232		10777	310791			14
□ 15	CENTRAL SERVICES & SUPPLY									15
□ 16	PHARMACY									16
□ 17	MEDICAL RECORDS & LIBRARY	22505		7932		8070		275364		17
□ 18	SOCIAL SERVICE	4827		1701		2985			86942	18
□ 19	OTHER GENERAL SERVICE COST CENT									19
□ 20	NONPHYSICIAN ANESTHETISTS									20
□ 21	NURSING SCHOOL									21
□ <b>22</b>	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
□ 24	PARAMED ED PRGM-(SPECIFY)									24
□ <b>25</b>	INPATIENT ROUTINE SERV COST CENT	ERS 177264	64048	62481	122140	36710	124951	11375	69381	25
□ 26	INTENSIVE CARE UNIT	21510	16211	7582	30916	17098	58193	5112	17561	26
37	ANCILLARY SERVICE COST CENTERS OPERATING ROOM	62492		22027		12418	42265	11377		37
38	RECOVERY ROOM	14360		5061		2158	7346	871		38
□ 40	ANESTHESIOLOGY	1659		585				8163		40
□ 41	RADIOLOGY-DIAGNOSTIC	85193		30028		23315		63947		41
44	LABORATORY	31676		11165		27568		80096		44
	BLOOD CLOTTING FACTORS ADMIN CO	220,0		2200		-/				
46.30 48								2498		48
□ 49	RESPIRATORY THERAPY	21932		7730		8461		17609		49
50	PHYSICAL THERAPY	39791		14025	-	1539		19776		50
□ 51	OCCUPATIONAL THERAPY									51
□ 52	SPEECH PATHOLOGY							63		52
J-65										-

55	MEDICAL SUPPLIES CHARGED TO PAT	23893		8422		4860		9523		55
	IMPL. DEV. CHARGED TO PATIENT									
56 D	DRUGS CHARGED TO PATIENTS	11464		4041		8647		22256		56
59 □	CARDIOLOGY	30153		10628		3416		1930		59
_	CARDIAC REHABILITATION									
	HYPERBARIC OXYGEN THERAPY									
	LITHOTRIPSY									
55.55	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	20454		7209		2562	8719	185		60
61 □	EMERGENCY	34632		12207		20366	69317	14339		61
<b>62</b> □	OBSERVATION BEDS (NON-DISTINCT				. 3					62
	RURAL HEALTH CLINIC					•				
63.50										
63.60	FQHC				* *					
	OTHER REIMBURSABLE COST CENTERS									
	CMHC				* *	1. 1 ·				
69.10 69.20	OUTPATIENT PHYSICAL THERAPY									
69.20										
	OUTPATIENT OCCUPATIONAL THERAPY				**					
69.30	OUTPATIENT SPEECH PATHOLOGY									
69.40										
71	HOME HEALTH AGENCY	48268		17013						71
	COROLLY DIRECTOR CORE CENTERED									
85.01	SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION									
85.01										
	INTESTINAL ACQUISITION									
85.02	: ISLET CELL ACQUISITION									
85.03	The state of the s									
95	SUBTOTALS	762427	80259	252571	153056	190950	310791	269120	86942	95
0.0	NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CAN	4103		1446						96
96 □	GIFT, FLOWER, COFFEE SHOP & CAN	4103		7440						20
98 □	PHYSICIANS' PRIVATE OFFICES	102072		17758		23114		6244		98
100	RENTAL PROPERTY									100
100.0	DIMEDICAL OFFICE BUILDINGS									
101	CROSS FOOT ADJUSTMENTS								:	101
102	NEGATIVE COST CENTER	0.50.505	00050	05.555	150055	214264	210701	075264		102
103	TOTAL	868602	80259	271775	153056	214064	310791	275364	86942	LUJ

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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET	в
PART I	

	COST CENTER DESCRIPTION	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL	
	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT				1
□ 2	OLD CAP REL COSTS-MVBLE EQUIP	ė.			2
□ 3	NEW CAP REL COSTS-BLDG & FIXT				3
□ 3.01	NEW CAPITAL - BUILDING 1				
3.01	NEW CAPITAL - BUILDING 2				
3.02 4	NEW CAP REL COSTS-MVBLE EQUIP				4
□ 5	EMPLOYEE BENEFITS				5 · · · · · · · · · · · · · · · · · · ·
□ 6	ADMINISTRATIVE & GENERAL				6
□ • <b>7</b>	MAINTENANCE & REPAIRS				·
8	OPERATION OF PLANT				8
□ 9	LAUNDRY & LINEN SERVICE				9
□ 10	HOUSEKEEPING				10
0 11	DIETARY				11
□ 12	CAFETERIA				12
□ 13	MAINTENANCE OF PERSONNEL				13
□ 14	NURSING ADMINISTRATION				. 14
□ 15	CENTRAL SERVICES & SUPPLY				15
□ 16	PHARMACY				16
□ <b>17</b>	MEDICAL RECORDS & LIBRARY				17
18	SOCIAL SERVICE				18
[] 19	OTHER GENERAL SERVICE COST CENT				19
20	NONPHYSICIAN ANESTHETISTS				20
□ 21	NURSING SCHOOL				21
□ 22	I&R SERVICES-SALARY & FRINGES A				22
□ 23	I&R SERVICES-OTHER PRGM COSTS A				23
□ 24	PARAMED ED PRGM-(SPECIFY)				24
Ö	INPATIENT ROUTINE SERV COST CENTE	RS			
<b>25</b> □	ADULTS & PEDIATRICS			1729479	25
26 □	INTENSIVE CARE UNIT	613845		613845	26
37	ANCILLARY SERVICE COST CENTERS OPERATING ROOM	531703		531703	37
38	RECOVERY ROOM	93365		93365	38
0 40	ANESTHESIOLOGY	311403		311403	40
□ <b>41</b>	RADIOLOGY-DIAGNOSTIC	1424816		1424816	41
□ <b>44</b>	LABORATORY	1527017		1527017	44
	BLOOD CLOTTING FACTORS ADMIN CO				
46.30 48	INTRAVENOUS THERAPY	13198		13198	48
□ 49	RESPIRATORY THERAPY	405595		405595	49
□ 50	PHYSICAL THERAPY	607968		607968	50
□ 51	OCCUPATIONAL THERAPY				51
□ <b>52</b>	SPEECH PATHOLOGY	4606		4606	52

55 0	MEDICAL SUPPLIES CHARGED TO PAT	470990	470990	55
	IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS	1123944	1123944	56
59 □	CARDIOLOGY	145733	145733	59
	CARDIAC REHABILITATION			
59.98	HYPERBARIC OXYGEN THERAPY			
	LITHOTRIPSY			
59.99	OUTPATIENT SERVICE COST CENTERS			
60 □	CTINIC STATES COST CRAFFING	99198	99198	60
61 D	EMERGENCY	1462780	1462780	, 61
62 □	OBSERVATION BEDS (NON-DISTINCT			62
	RURAL HEALTH CLINIC			
63.60	FQHC			
63.60				
	OTHER REIMBURSABLE COST CENTERS CMHC			
69.10 69.20	OUTPATIENT PHYSICAL THERAPY			
69.20	r i de la companya d			
	OUTPATIENT OCCUPATIONAL THERAPY			
69.30 69.40	OUTPATIENT SPEECH PATHOLOGY			
71	HOME HEALTH AGENCY	1069692	1069692	71
	SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION			
85.01				
85.02	INTESTINAL ACQUISITION			
	S ISLET CELL ACQUISITION			
85.03 95	SUBTOTALS	11635332	11635332	95
	NONREIMBURSABLE COST CENTERS	6100	6138	0.5
96 □	GIFT, FLOWER, COFFEE SHOP & CAN	6137	6137	96
98			044576	
П	PHYSICIANS' PRIVATE OFFICES	844516	844516	98,
100	PHYSICIANS' PRIVATE OFFICES RENTAL PROPERTY	844516	844216	98,
100 100.0	RENTAL PROPERTY	844516 11555	11555	1
100 100.0 100.0	RENTAL PROPERTY  DIMEDICAL OFFICE BUILDINGS			100
100 100.0	RENTAL PROPERTY			1
100 100.0 100.0 101	RENTAL PROPERTY DIMEDICAL OFFICE BUILDINGS OI CROSS FOOT ADJUSTMENTS			100

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/96)

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ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION		BLDGS &	L - BUILDI NG 1	NEW CAPITA L - BUILDI NG 2 3.02		COST TO		OPERATION OF PLANT	
	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT									1
□ 2	OLD CAP REL COSTS-MVBLE EQUIP									2
□ 3	NEW CAP REL COSTS-BLDG & FIXT									3
3.01	NEW CAPITAL - BUILDING 1									
3.01 3.02	NEW CAPITAL - BUILDING 2								•	
	NEW CAP REL COSTS-MVBLE EQUIP								•	4
□ 5	EMPLOYEE BENEFITS									5
□ 6	ADMINISTRATIVE & GENERAL	•	1402	2946	3251	43136	50735	50735		6
□ <b>7</b> .	MAINTENANCE & REPAIRS									7
· 8	OPERATION OF PLANT		3832	5053	17178	117895	143958	3526	147484	8
□ 9	LAUNDRY & LINEN SERVICE		332	974		10198	11504	227	4113	9
□ 10	HOUSEKEEPING		296	318	1526	9106	11246	1016	3673	10
□ 11	DIETARY		421		3425	12961	16807	452	5227	11
□ 12	CAFETERIA	4	297		2415	9138	11850	750	3685	12
□ 13	MAINTENANCE OF PERSONNEL									13
□ 14	NURSING ADMINISTRATION		164		1336	5055	6555	1152	2039	14
15	CENTRAL SERVICES & SUPPLY									15
□ 16	PHARMACY					,				16
□ <b>17</b>	MEDICAL RECORDS & LIBRARY		308	109	2202	9474	12093	962	3821	17
□ 18	SOCIAL SERVICE		66		537	2032	2635	314	820	18
19	OTHER GENERAL SERVICE COST CENT									19
□ 20	NONPHYSICIAN ANESTHETISTS									20
□ 21	NURSING SCHOOL									21
□ 22	i&R SERVICES-SALARY & FRINGES A									22
□ 23	I&R SERVICES-OTHER PRGM COSTS A									23
□ 24	PARAMED ED PRGM-(SPECIFY)									24
	INPATIENT ROUTINE SERV COST CENTE ADULTS & PEDIATRICS	RS	2426		19722	74626	96774	4308	30100	25
25 \[ \] 26	INTENSIVE CARE UNIT		294		2393	9055	11742	1785	3652	
	ANCILLARY SERVICE COST CENTERS									
<b>37</b> □	OPERATING ROOM		855		6953	26308	34116	1547	10611	37
38 □	RECOVERY ROOM		197		1598	6045	7840	258	2438	38
40	ANESTHESIOLOGY		23		185	699	907	1222	282	40
41 □	RADIOLOGY-DIAGNOSTIC		1166		9479	35865	46510	4963	14465	41
44	LABORATORY		434	1274		13335	15043	5587	5378	44
	BLOOD CLOTTING FACTORS ADMIN CO									
48	INTRAVENOUS THERAPY							43		48
□ <b>49</b> □	RESPIRATORY THERAPY		300		2440	9233	11973	1420	3724	49
50 □	PHYSICAL THERAPY		545	1600		16752	18897	2163	6756	50
51 D	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY							18		52

55 □	MEDICAL SUPPLIES CHARGED TO PAT		327	961		10059	11347	1723	4057	55
55.30 55.30	IMPL. DEV. CHARGED TO PATIENT									
56	DRUGS CHARGED TO PATIENTS		157		1275	4826	6258	4375	1946	56
□ <b>59</b>	CARDIOLOGY		413		3355	12694	16462	404	5120	59
	CARDIAC REHABILITATION									
	HYPERBARIC OXYGEN THERAPY									
59.98 59.99 59.99	LITHOTRIPSY									
60	OUTPATIENT SERVICE COST CENTERS CLINIC		280		2276	8611	11167	244	3473	60
61 D	EMERGENCY		474		3853	14580	18907	5326	5880	61
<b>62</b>	OBSERVATION BEDS (NON-DISTINCT	•								62
	RURAL HEALTH CLINIC									
63.60	FQHC									
	OTHER REIMBURSABLE COST CENTERS CMHC								•	
69.10										
	OUTPATIENT PHYSICAL THERAPY			. *	•					
69.20 69.30	OUTPATIENT OCCUPATIONAL THERAPY									
69.20 69.30 69.30 69.40	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY									
69.20 69.30 69.30 69.40 69.40	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY					20320	20320	4078	8196	71
69.20 69.30 69.30 69.40 71	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS					20320	20320	4078	8196	71
69.20 69.30 69.30 69.40 71	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION					20320	20320	4078	8196	71
69.20 69.30 69.30 69.40 71 0 85.01 85.01	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION INTESTINAL ACQUISITION					20320	20320	4078	8196	71
69.20 69.30 69.30 69.40 71 0 85.01 85.01 85.02	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION INTESTINAL ACQUISITION					20320	20320	4078	8196	71
69.20 69.30 69.30 69.40 71 0 85.01 85.01 85.02	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION					20320	20320	4078	8196	71
69.20 69.30 69.30 69.40 71 85.01 85.01 85.02 85.02	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION SUBTOTALS		15009	13235	85399		20320	4078 47863		71
69.20 69.30 69.30 69.40 69.40 71 0 85.01 85.02 85.02 85.03 85.03	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION SUBTOTALS NONREIMBURSABLE COST CENTERS			13235			595646	47863	129456	95
69.20 69.30 69.30 69.40 71 0 85.01 85.02 85.02 85.03 85.03	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION SUBTOTALS		15009 56	13235	85399 456					95
69.20 69.30 69.30 69.40 71 0 85.01 85.01 85.02 85.03 85.03	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION SUBTOTALS NONREIMBURSABLE COST CENTERS			13235			595646	47863	129456	95 96
69.20 69.30 69.30 69.40 71 85.01 85.01 85.02 85.02 85.03 95	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION SUBTOTALS NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CAN		56			482003	595646 512	47863	129 <b>4</b> 56 697	95 96
69.20 69.30 69.30 69.40 71 0 85.01 85.02 85.03 85.03 95 96 0	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION SUBTOTALS NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CAN PHYSICIANS' PRIVATE OFFICES RENTAL PROPERTY		56			482003	595646 512	47863	129 <b>4</b> 56 697	95 96 98
69.20 69.30 69.30 69.40 71 85.01 85.02 85.02 85.03 95 96	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION SUBTOTALS NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CAN PHYSICIANS' PRIVATE OFFICES RENTAL PROPERTY		56			482003	595646 512	47863 . 2 2823	129 <b>4</b> 56 697	95 96 98
69.20 69.30 69.30 69.40 71 85.01 85.02 85.02 85.03 85.03 95	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION SUBTOTALS NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CAN PHYSICIANS' PRIVATE OFFICES RENTAL PROPERTY		56			482003	595646 512	47863 . 2 2823	129 <b>4</b> 56 697	95 96 98 100

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/96)

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	ADMINIS- TRATION	MEDICAL RECORDS & LIBRARY		SUBTOTAL	
		9	1.0	11	12	14	17	18	25	
1	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT									1
	OLD CAP REL COSTS-MVBLE EQUIP									2
	NEW CAP REL COSTS-BLDG & FIXT									3
3.01	NEW CAPITAL - BUILDING 1									
3.01 3.02	NEW CAPITAL - BUILDING 2									
3.02 4	NEW CAP REL COSTS-MVBLE EQUIP									4
□ <b>5</b>	EMPLOYEE BENEFITS									5
	ADMINISTRATIVE & GENERAL									6
. 🗆 <b>7</b>	MAINTENANCE & REPAIRS									7
□ 8	OPERATION OF PLANT									8
□ 9	LAUNDRY & LINEN SERVICE	15844								9
10	HOUSEKEEPING		15935							10
11	DIETARY		636	23122						11
□ 12	CAFETERIA		449		16734					12
□ 13	MAINTENANCE OF PERSONNEL									13
□ 14	NURSING ADMINISTRATION		248		842	10836				14
□ 15	CENTRAL SERVICES & SUPPLY									15
□ 16	PHARMACY									16
□ <b>17</b>	MEDICAL RECORDS & LIBRARY		465		631		17972			17
□ 18	SOCIAL SERVICE		100		233			4102		18
	OTHER GENERAL SERVICE COST CENT									19
20	NONPHYSICIAN ANESTHETISTS									20
□ 21	NURSING SCHOOL									21
□ 22	I&R SERVICES-SALARY & FRINGES A									22
□ 23	I&R SERVICES-OTHER PRGM COSTS A									23
□ 24	PARAMED ED PRGM-(SPECIFY)									24
□ 25	INPATIENT ROUTINE SERV COST CENTE ADULTS & PEDIATRICS	RS 12644	3662	18452	2872	4356	742	3273	177183	25
□ 26	INTENSIVE CARE UNIT	3200	445	4670	1336	2029	334	829	30022	26
	ANCILLARY SERVICE COST CENTERS									
<b>37</b> □	OPERATING ROOM		1291		971	1474	742		50752	37
38 []	RECOVERY ROOM		297		169	256	57		11315	38
<b>40</b> □	ANESTHESIOLOGY		34				533		2978	40
<b>41</b>	RADIOLOGY-DIAGNOSTIC		1761		1822		4173		73694	41
44 □	LABORATORY		655		2155		5230		34048	44
	BLOOD CLOTTING FACTORS ADMIN CO									
48	INTRAVENOUS THERAPY						163		206	48
49 □	RESPIRATORY THERAPY		453		661		1149		19380	49
50	PHYSICAL THERAPY		822		120		1291		30049	50
51 □	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY						4		22	52

55	MEDICAL SUPPLIES CHARGED TO PAT		494		380		621		18622	55
	IMPL. DEV. CHARGED TO PATIENT									
55.30 56	DRUGS CHARGED TO PATIENTS		237		676		1452		14944	56
□ 59	CARDIOLOGY		623		267		126		23002	59
	CARDIAC REHABILITATION									
	HYPERBARIC OXYGEN THERAPY									
59.98 59.99 59.99	LITHOTRIPSY									
59.93	OUTPATIENT SERVICE COST CENTERS									
60 □	CLINIC		423		200	304	12		15823	60
61	EMERGENCY		716		1592	2417	936		35774	61
62 □	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RURAL HEALTH CLINIC				.*					
63.50 63.60	FOHC									
63.60										
69.10	OTHER REIMBURSABLE COST CENTERS									
69.10	Chile									
	OUTPATIENT PHYSICAL THERAPY				. *					
	OUTPATIENT OCCUPATIONAL THERAPY									
69.30 69.40	OUTPATIENT SPEECH PATHOLOGY									
69.40										
71 □	HOME HEALTH AGENCY		998						33592	71
85.01	SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION									
85.01 85.02	INTESTINAL ACQUISITION									
85.02									•	
85.03 85.03	ISLET CELL ACQUISITION									
95	SUBTOTALS	15844	14809	23122	14927	10836	17565	4102	571406	95
96	NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CAN		85						1296	96
	·		03							
98 □	PHYSICIANS' PRIVATE OFFICES		1041		1807		407		50120	98
100	RENTAL PROPERTY									100
100.0	1MEDICAL OFFICE BUILDINGS								47	
100.0 101	1 CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	15844	15935	23122	16734	10836	17972	4102	622869	103

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/96)

ALLOCATION OF NEW CAPITAL RELATED COSTS

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	ALLOCATION OF NEW CAPITAL REI	LATED COSTS						WORKSHEET B PART III
	COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 26	TOTAL					
1	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT			•				1
	OLD CAP REL COSTS-MVBLE EQUIP							2
□ 3	NEW CAP REL COSTS-BLDG & FIXT							3
□ 3.01	NEW CAPITAL - BUILDING 1							
3.01 3.02	NEW CAPITAL - BUILDING 2							
3.02	NEW CAP REL COSTS-MVBLE EQUIP				.*			4
□ 5	EMPLOYEE BENEFITS							5
□ <b>6</b>	ADMINISTRATIVE & GENERAL							6
□ <b>7</b>	MAINTENANCE & REPAIRS					٠,		7
□ 8	OPERATION OF PLANT							8
9	LAUNDRY & LINEN SERVICE							9
□ 10	HOUSEKEEPING							10
	DIETARY							11
12	CAFETERIA							12
13	MAINTENANCE OF PERSONNEL							13
□ 14	NURSING ADMINISTRATION							14
15	CENTRAL SERVICES & SUPPLY							15
16	PHARMACY							16
	MEDICAL RECORDS & LIBRARY							17
17 □								18
18	SOCIAL SERVICE			,				
19 []	OTHER GENERAL SERVICE COST CENT							19
20	NONPHYSICIAN ANESTHETISTS							20
21 □	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A							22
23 	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-(SPECIFY)  INPATIENT ROUTINE SERV COST CENT	ERS						24
<b>25</b> □	ADULTS & PEDIATRICS		177183					25
<b>26</b> □	INTENSIVE CARE UNIT		30022					26
37	ANCILLARY SERVICE COST CENTERS OPERATING ROOM		50752					37
□ 38	RECOVERY ROOM		11315					38
□ 40	ANESTHESIOLOGY		2978					40
□ <b>41</b>	RADIOLOGY-DIAGNOSTIC		73694					41
□ 44	LABORATORY		34048					44
	BLOOD CLOTTING FACTORS ADMIN CO							
46.30 48			206					48
□ 49	RESPIRATORY THERAPY		19380					49
<u> </u>	PHYSICAL THERAPY		30049					50
D 51	OCCUPATIONAL THERAPY							51
□ 52	SPEECH PATHOLOGY		22					52
22								22

55	MEDICAL SUPPLIES CHARGED TO PAT	18622				55
55.30 55.30	IMPL. DEV. CHARGED TO PATIENT					
	DRUGS CHARGED TO PATIENTS	14944				56
59	CARDIOLOGY	23002				59
	CARDIAC REHABILITATION					
59.98	HYPERBARIC OXYGEN THERAPY					
59.98 59.99 59.99	LITHOTRIPSY					
60	OUTPATIENT SERVICE COST CENTERS CLINIC	15823				60
□ 61	EMERGENCY	35774				61
□ <b>62</b> □	OBSERVATION BEDS (NON-DISTINCT					62
	RURAL HEALTH CLINIC					
63.60 63.60	FQHC					
69.10				4		
69.10 69.20 69.20	OUTPATIENT PHYSICAL THERAPY					
	OUTPATIENT OCCUPATIONAL THERAPY		•	*** ****		•
	OUTPATIENT SPEECH PATHOLOGY				•	
71	HOME HEALTH AGENCY	33592				71
85.01 85.01	SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION					
	INTESTINAL ACQUISITION	•				
	ISLET CELL ACQUISITION					
95	SUBTOTALS	571406				95
96 □	NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CAN	1296			1	96
98 □	PHYSICIANS' PRIVATE OFFICES	50120				98
100	RENTAL PROPERTY					100
100.0 100.0		47				
101 102	CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER					101 102
103	TOTAL	622869				103
	•					

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/97)

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEE T	NEW CAPIT L - BUILL NG 1 SQUARE FE T 3.01	OI L NG	- BUILDI	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS GROSS SALA RIES 5	RECON- CILIATION 6A		
1 2 3 3.01 3.02	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAPITAL - BUILDING 1 NEW CAPITAL - BUILDING 2	79744	2858	36	51158	70041				1 2 3 3.01 3.02 4
5 6	NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL	6793	485	56	1937	79245 6793	5516783	-1620950	10876590	5 6 7
8	MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE	18566 1606	160	06	10236	18560 1600	23129	٠	755943 48766	8 9
11	HOUSEKEEPING DIETARY CAFETERIA	1434 2041 1439		25	909 2041 1439	1434 2041 1431	45253		217701 96968 160750	10 11 12
12 13 14	CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION	796			796	79			246969	13 14
15 16	CENTRAL SERVICES & SUPPLY PHARMACY	1492		30	1312	149	2 140274		206136	15 16 17
17 18 19	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE OTHER GENERAL SERVICE COST CE	320		30	320				67386	18 19
20 21 22	NONPHYSICIAN ANESTHETISTS NURSING SCHOOL I&R SERVICES-SALARY & FRINGES									20 21 22
23 24	IER SERVICES-OTHER PRGM COSTS PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS						•			23 24
25 26	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	11752 1426			11752 1426			•	923499 382637	25 26
37	ANCILLARY SERVICE COST CENTERS OPERATING ROOM	4143			4143	414	3 215845		331692	37
38 40	RECOVERY ROOM ANESTHESIOLOGY	952 110			952 110				55324 261956	38 40
41	RADIOLOGY-DIAGNOSTIC LABORATORY	5648 2100		00	5648	564 210			1063795 1197977	41 44
	BLOOD CLOTTING FACTORS ADMIN INTRAVENOUS THERAPY								9312	46.30 48
49 50	RESPIRATORY THERAPY PHYSICAL THERAPY	1454 2638		38	1454	145 263			304485 463727	
51 52	OCCUPATIONAL THERAPY SPEECH PATHOLOGY								3954	
55 55.30	MEDICAL SUPPLIES CHARGED TO P IMPL. DEV. CHARGED TO PATIENT	1584		84		158			369261	55.30
56 59	DRUGS CHARGED TO PATIENTS CARDIOLOGY	760 1999			760 1999				937778 86687	
59.98	CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY LITHOTRIPSY									59.97 59.98 59.99
60	OUTPATIENT SERVICE COST CENTERS CLINIC	1356			1356				52278	60
61 62	EMERGENCY OBSERVATION BEDS (NON-DISTINC	2296	5		2296	229	6 353993		1141761	62
63.50 63.60	RURAL HEALTH CLINIC FOHC OTHER REIMBURSABLE COST CENTERS						. •			63.50 63.60
69.30 69.40						320	0 587818		874137	69.10 69.20 69.30 69.40
	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION INTESTINAL ACQUISITION					52.0			J, 1443 I	85.01 85.02
85.03 95	ISLET CELL ACQUISITION SUBTOTALS	7270	5 218	19	50886	7590	5 5115027	-162095	0 10260879	85.03 95
96 98	NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & C PHYSICIANS' PRIVATE OFFICES	27: 676		67	272	334	0 401756		512 605143	
100 100.01	RENTAL PROPERTY MEDICAL OFFICE BUILDINGS								10056	100 100.01

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2010.09 11/04/2010 13:03

### COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEE T	L - BUILDI NG 1 SQUARE FEE T	T	MOVABLE EQUIPMENT SQUARE FEE T	RIES	RECON- CILIATION	ACCUM COST	
		3	3.01	3.02	4	5	бA	6	
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	16462	17340	85855	503212	1367204		1620950	103
104	UNIT COST MULT-WS B PT I		.606591		6.350079				104
104	UNIT COST MULT-WS B PT I	.206436		1.678232		.247826		.149031	104
105	COST TO BE ALLOC PER B PT II								105
106	UNIT COST MULT-WS B PT II								106
106	UNIT COST MULT-WS B PT II						•		106
107	COST TO BE ALLOC PER B PT III							50735	107
108	UNIT COST MULT-WS B PT III								108
108	UNIT COST MULT-WS B PT III							.004665	108

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2010.09 11/04/2010 13:03 WORKSHEET B-1 COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OPERATION OF PLANT	& LINEN	HOUSE- KEEPING	DIETARY	CAFETERIA	ADMINIS-	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
								GROSS REVE		
		T 8	YS 9	T 10	YS 11	RIES 12	LARIES 14	NUE 17	YS 18	
3.02 4 5 6	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-BLDG & FIXT NEW CAPITAL - BUILDING 1 NEW CAPITAL - BUILDING 2 NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL				·			÷		1 2 3 3.01 3.02 4 5
7 8 9 10	MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING	57585 1606 1434	1609	51118			•	g de la company		8 9 10
11 12 13	DIETARY CAFETERIA MAINTENANCE OF PERSONNEL	2041 1439		2041 1439		3720811				11 12 13
14 15 16	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY	796		796		187323		21471141		14 15 16 17
17 18 19 20 21 22	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE OTHER GENERAL SERVICE COST CE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL LER SERVICES-SALARY & FRINGES	3		1492 320		140274 51891			1609	17 18 19 20 21 22 23
23 24 25 26	I&R SERVICES-OTHER PRGM COSTS PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST C ADULTS & PEDIATRICS INTENSIVE CARE UNIT									24
37 38 40 41 44	ANCILLARY SERVICE COST CENTER OPERATING ROOM RECOVERY ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC LABORATORY			4143 952 110 5648 2100	; } }	215845 37515 405251 479174	37515			37 38 40 41 44
	BLOOD CLOTTING FACTORS ADMIN INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY	1454 2638	:	1454 2638		147071 26745		194783 1372999 1542008		46.30 48 49 50 51
52 55	SPEECH PATHOLOGY MEDICAL SUPPLIES CHARGED TO DIMPL. DEV. CHARGED TO PATIENT		į	1584	Į.	84467	,	4884 742497		52 55 55.30
56 59 59.9 59.9	DRUGS CHARGED TO PATIENTS CARDIOLOGY 7 CARDIAC REHABILITATION B HYPERBARIC OXYGEN THERAPY 9 LITHOTRIPSY	760 1999		760 1999		150305 59376		1735325 150472		56 59 59.97 59.98 59.99
	OUTPATIENT SERVICE COST CENT: CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTING 0 RURAL HEALTH CLINIC 0 FOHC	1356 2296 C		1356 2296		44526 353993				60 61 62 63.50 63.60
69.2 69.3	OTHER REIMBURSABLE COST CENT: 0 CMHC 0 OUTPATIENT PHYSICAL THERAPY 0 OUTPATIENT OCCUPATIONAL THER 0 OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY		ס	3200	D					69.10 69.20 69.30 69.40 71
85.0	SPECIAL PURPOSE COST CENTERS 1 PANCREAS ACQUISITION 2 INTESTINAL ACQUISITION 3 ISLET CELL ACQUISITION SUBTOTALS	5054	5 160	9 4750	6 160	9 331905	5 1587178	8 20984286	1609	85.01 85.02 85.03 95
96 98 100 100.0	NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & PHYSICIANS' PRIVATE OFFICES RENTAL PROPERTY 1 MEDICAL OFFICE BUILDINGS			27: 334		40175	5	486855	3	96 98 100 100.01

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2010.09 11/04/2010 13:03 WORKSHEET B-1 COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		SQUARE FEE	PATIENT DA	SQUARE FEE	PATIENT DA	GROSS SALA	NURSING SA	GROSS REVE	PATIENT DA
		T	YS	T	YS	RIES	LARIES	NUE	YS
		8	9	10	11	12	14	17	18
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	868602	80259	271775	153056	214064	310791	275364	86942 103
104	UNIT COST MULT-WS B PT I	15.083824		5.316620		.057532		.012825	104
104	UNIT COST MULT-WS B PT I		49.881293		95.124922		.195814		54.034804 104
105	COST TO BE ALLOC PER B PT II								105
106	UNIT COST MULT-WS B PT II								106
106	UNIT COST MULT-WS B PT II								106
107	COST TO BE ALLOC PER B PT III	147484	15844	15935	23122	16734	10836	17972	4102 107
108	UNIT COST MULT-WS B PT III	2.561153		.311730		.004497		.000837	108
108	UNIT COST MULT-WS B PT III		9.847110		14.370416		.006827		2.549410 108

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WORKSHEET B-1

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION

	GENERAL SERVICE COST CENTERS		
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT	a v	3
	NEW CAPITAL - BUILDING 1		3.01
	NEW CAPITAL - BUILDING 2		3.02
4	NEW CAP REL COSTS-MVBLE EQUIP		4 5
. 5	EMPLOYEE BENEFITS		5 6
6	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS		7
7 8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA	Company of the state of the sta	12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14 15
15	CENTRAL SERVICES & SUPPLY		16
16 17	PHARMACY MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		1.8
19	OTHER GENERAL SERVICE COST CE		19
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES	· · · · · · · · · · · · · · · · · · ·	22
23	I&R SERVICES-OTHER PRGM COSTS		23 24
24	PARAMED ED PRGM-(SPECIFY)		24
25	INPATIENT ROUTINE SERV COST CENTERS ADULTS & PEDIATRICS		25
25 26	INTENSIVE CARE UNIT		26
20			
	ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM		37
38	RECOVERY ROOM		38
40	ANESTHESIOLOGY		40 41
41	RADIOLOGY-DIAGNOSTIC		44
44	LABORATORY BLOOD CLOTTING FACTORS ADMIN		46.30
48	INTRAVENOUS THERAPY		48
49	RESPIRATORY THERAPY		49
50	PHYSICAL THERAPY		50
51	OCCUPATIONAL THERAPY		51
52	SPEECH PATHOLOGY		52 55
55	MEDICAL SUPPLIES CHARGED TO P		55.30
55.30 56	IMPL. DEV. CHARGED TO PATIENT DRUGS CHARGED TO PATIENTS		56
59	CARDIOLOGY		59
	CARDIAC REHABILITATION		59.97
	HYPERBARIC OXYGEN THERAPY		59.98
59.99	LITHOTRIPSY		59.99
	OUTPATIENT SERVICE COST CENTERS		<b></b>
60	CLINIC		60 61
61	EMERGENCY		62
62	OBSERVATION BEDS (NON-DISTINC RURAL HEALTH CLINIC		63.50
	FOHC		63.60
05.00	OTHER REIMBURSABLE COST CENTERS		
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
	OUTPATIENT OCCUPATIONAL THERA		69.30
	OUTPATIENT SPEECH PATHOLOGY		69.40 71
71	HOME HEALTH AGENCY		/1
9E 0	SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION		85.01
	INTESTINAL ACQUISITION		85.02
	INTESTINAL ACQUISITION ISLET CELL ACQUISITION		85.03
95	SUBTOTALS		95
	NONREIMBURSABLE COST CENTERS		
96	GIFT, FLOWER, COFFEE SHOP & C		96
98	PHYSICIANS' PRIVATE OFFICES		98
100	RENTAL PROPERTY		100
100.0	MEDICAL OFFICE BUILDINGS		100.01

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/97)

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WORKSHEET B-1

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION

101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	COST TO BE ALLOC PER B PT I		103
104	UNIT COST MULT-WS B PT I		104
104	UNIT COST MULT-WS B PT I		104
105	COST TO BE ALLOC PER B PT II		105
106	UNIT COST MULT-WS B PT II		106
106	UNIT COST MULT-WS B PT II		106
107	COST TO BE ALLOC PER B PT III	• .	107
108	UNIT COST MULT-WS B PT III		108
108	UNIT COST MULT-WS B PT III	e e	108

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (5/1999)

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COMPUTATION OF RATIO OF COST TO CHARGES

C	COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	1729479		1729479		1729479	25
26	INTENSIVE CARE UNIT	613845		613845		613845	26
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	531703		531703		531703	37
38	RECOVERY ROOM	93365		93365	*	93365	38
40	ANESTHESIOLOGY	311403		311403	* · · · ·	311403	40
41	RADIOLOGY-DIAGNOSTIC	1424816		1424816	1,000	1424816	41
44	LABORATORY	1527017		1527017		1527017	44
46.30	BLOOD CLOTTING FACTORS ADMI						46.30
48	INTRAVENOUS THERAPY	13198		13198	1	13198	48
49	RESPIRATORY THERAPY	405595		405595		405595	49
50	PHYSICAL THERAPY	607968		607968	* * * * * * * * * * * * * * * * * * *	607968	50
51	OCCUPATIONAL THERAPY				2017		51
52	SPEECH PATHOLOGY	4606		4606	the second of the Life of the	4606	52
55	MEDICAL SUPPLIES CHARGED TO	470990		470990		470990	55
55.30	IMPL. DEV. CHARGED TO PATIE						55.30
56	DRUGS CHARGED TO PATIENTS	1123944		1123944		1123944	56
59	CARDIOLOGY	145733		145733		145733	59
59.97	CARDIAC REHABILITATION						59.97
59.98	HYPERBARIC OXYGEN THERAPY				-	•	59.98
59.99	LITHOTRIPSY						59.99
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	99198		99198		99198	60
61	EMERGENCY	1462780		1462780		1462780	61
62	OBSERVATION BEDS (NON-DISTI	292705		292705		292705	62
63.50	RURAL HEALTH CLINIC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
101	SUBTOTAL	10858345		10858345		10858345	101
102	LESS OBSERVATION BEDS	292705		292705		292705	102
103	TOTAL	10565640		10565640		10565640	103

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (5/1999)

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### COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C PART I (CONT)

			CHARGES		COST OR OTHER	TEFRA INPATIENT	PPS INPATIENT
	COST CENTER DESCRIPTION	INPATIENT	OUTPATIENT	TOTAL	RATIO	RATIO	RATIO
		INPALLENT	7	8	9	10	11
		0	•	J	•		
	INPATIENT ROUTINE SERV COST CENT	rers					
. 25	ADULTS & PEDIATRICS	536667		536667			25
26.	INTENSIVE CARE UNIT	398612		398612			26
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	78123	808944	887067	.599394	.599394	.599394 37
38	RECOVERY ROOM	8323	59595	67918	1.374672	1.374672	1.374672 38
40	ANESTHESIOLOGY	56406	580074	636480	.489258	.489258	.489258 40
41	RADIOLOGY-DIAGNOSTIC	228319	4757790	4986109	.285757	.285757	.285757 41
44	LABORATORY	605433	5640356	6245789	.244487	.244487	.244487 44
46.30	BLOOD CLOTTING FACTORS ADMI				and the second second		46.30
48	INTRAVENOUS THERAPY	103061	91722	194783	.067757	.067757	.067757 48
49	RESPIRATORY THERAPY	350828	1022171	1372999	.295408	.295408	.295408 49
50	PHYSICAL THERAPY	90717	1451291	1542008	.394270	.394270	.394270 50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY	541	4343	4884	.943079	.943079	.943079 52
55	MEDICAL SUPPLIES CHARGED TO	218527	523969	742496	.634333	.634333	.634333 55
	MPL. DEV. CHARGED TO PATIE				Control of the Control		55.30
56	DRUGS CHARGED TO PATIENTS	356833	1378492	1735325	.647685	.647685	.647685 56
59	CARDIOLOGY	16306	134166	150472	.968506	.968506	.968506 59
	7 CARDIAC REHABILITATION						59.97
	HYPERBARIC OXYGEN THERAPY						59.98
	D LITHOTRIPSY						59.99
22.22	OUTPATIENT SERVICE COST CENTERS			•			
60	CLINIC	30	14380	14410	6.883969	6.883969	6.883969 60
61	EMERGENCY		1118013	1118013	1.308375	1.308375	1.308375 61
62	OBSERVATION BEDS (NON-DISTI		350253	350253	.835696	.835696	.835696 62
	RURAL HEALTH CLINIC						63.50
	FQHC						63.60
03.00	OTHER REIMBURSABLE COST CENTERS						
101	SUBTOTAL	3048726	17935559	20984285			101
101	LESS OBSERVATION BEDS	3516726	2.233333		•		102
102	TOTAL	3048726	17935559	20984285			103
103	TOTAL	30-20720		20001200			

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2010.09 11/04/2010 13:03

## APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

APPLICABLE [X	] TITLE V - O/P X] TITLE XVIII-PT B ] TITLE XIX - O/P	[XX] HOSPITAL [ ] SUB I [ ] SUB II [ ] SUB III [ ] SUB IV	(14-1306)	] ] ] [	NF   S/B-SNF   S/B-NF		
COST CENTER DESCRIP				OUTPATIENT AMBULATORY SURGICAL CENTER 2		OTHER OUTPATIENT DIAGNOSTIC 4	
ANCILLARY SERVICE 37 OPERATING ROOM 38 RECOVERY ROOM 40 ANESTHESIOLOGY 41 RADIOLOGY-DIAGNOST 44 LABORATORY 46.30 BLOOD CLOTTING FAC 48 INTRAVENOUS THERAP 50 PHYSICAL THERAPY 51 OCCUPATIONAL THERAP 52 SPEECH PATHOLOGY 55 MEDICAL SUPPLIES C 55.30 IMPL. DEV. CHARGED 56 DRUGS CHARGED TO P CARDIOLOGY 59.97 CARDIAC REHABILITA 59.98 HYPERBARIC OXYGEN 59.99 LITHOTRIPSY OUTPATIENT SERVICE 60 CLINIC 61 EMERGENCY 62 OBSERVATION BEDS ( 63.50 RURAL HEALTH CLINI 63.60 FCHC OTHER REIMBURSABLE 65.01 AMBULANCE SERVICES 65.02 AMBULANCE SERVICES 65.03 AMBULANCE SERVICES 101 SUBTOTAL 102 CRNA CHARGES 103 LESS PBP CLINIC LA	.599394 1.374672 .489258 IC .285757 TORS ADMIN CO Y .067757 Y .295408 .394270 PY .943079 PHARGED TO PAT .634333 TO PATIENT PATIENTS .647685 .968506 THERAPY COST CENTERS (NON-DISTINCT .835696 EC COST CENTERS (COST CENTERS .835696 EC COST CENTERS	1.374672 1 .489258 .285757 .244487 .067757 .295408 .394270 .943079 .634333 .647685 .968506	.599394 .374672 .489258 .285757 .244487 .067757 .295408 .394270 .943079 .634333 .647685 .968506				37 38 40 41 44 46.30 48 49 50 51 52 55.30 56 59 59.97 59.98 59.99 60 61 62 63.50 63.60 65.01 65.02 65.03 101 102
	THE COST APPORTIONMENT	CHARGES				1 .64	104 7685 1

1	
.647685	1
	2
	2.01
	3
	3.01
	. 647685

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2010.09 11/04/2010 13:03

# APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

CHECK [] TITLE V - OF APPLICABLE [XX] TITLE XVII BOXES [] TITLE XIX	I-PT B	[xx] [ ] [ ]	SUB I SUB II SUB III	(14-1306)		[ ] SNF [ ] NF [ ] S/B-SI [ ] S/B-NI [ ] ICF/MI	F		
COST CENTER DESCRIPTION	ALL THER (1) (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER	PPS SER- VICES (SEE	PPS SER- VICES (SEE INSTRU.)	CENTER	PROGRAM COST OUTPATIENT RADIOLOGY 7	OTHER OUTPATIENT	
48 INTRAVENOUS THERAPY 49 RESPIRATORY THERAPY 50 PHYSICAL THERAPY 51 OCCUPATIONAL THERAPY 52 SPEECH PATHOLOGY 55 MEDICAL SUPPLIES CHARGED TO PA 55.30 IMPL. DEV. CHARGED TO PATIENT	430174 24007 323952 1975321 2814772 49844 515412 544304 3015 303288 1021018 111372 7110 372172 254469								37 38 40 41 44 46.30 48 50 51 52 55.30 56 59.97 59.98 59.99 60 62.63.50 63.60 65.02 65.03 101
103 PBP CLINIC LAB 104 NET CHARGES	8750230								103 104

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2010.09 11/04/2010 13:03

### APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

CHECK APPLICA BOXES	[ ] TITLE V - O/P  ABLE [XX] TITLE XVIII-PT B  [ ] TITLE XIX - O/P			HOSPI SUB I SUB I SUB I	I II	6)	[ ] SN [ ] NF [ ] S/ [ ] S/	B-SNF B-NF		
Ć		ALL OTHER	SER (CO 1.01	PS VICES LUMNS	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03	1.01x5.04	I/P PART B	COST (COLUMNS 1.02x10)	
41 44 46.30 48 49 50 51 52 55 55,30	OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SUPPLIES CHARGED TO PAT	257844 33002 158496 564462 688175 3377 152257 214603 2843 192386 661298 107864								37 38 40 41 44 46.30 48 49 50 51 52 55 55.30 56
59.98	CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY LITHOTRIPSY	107864	٠				حق		a .	59.97 59.98 59.99
62		48945 486941 212659								60 61 62 63.50 63.60
65.02 65.03 101 102 103	OTHER REIMBURSABLE COST CENTERS AMBULANCE SERVICES (2ND PERIOD) AMBULANCE SERVICES (3RD PERIOD) AMBULANCE SERVICES (4TH PERIOD) SUBTOTAL CRNA CHARGES LESS PBP CLINIC LAB SERV-PGM ONLY CHRG									65.01 65.02 65.03 101 102
104	NET CHARGES	3785152								104

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2010.09 11/04/2010 13:03

# APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

CHECK APPLIC BOXES	[ ] TITLE V PABLE [ ] TITLE XVIII-PT A [XX] TITLE XIX		OLD CAPITAL	REDUCED		NEW CAPITAL	 REDUCED	
	COST CENTER DESCRIPTION	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	CAPITAL RELATED COST 6	
25 26 27 28 29	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT				177183 30022	56820	120363 30022	25 26 27 28 29
30 31 33 101	OTHER SPECIAL CARE (SPECIFY) SUBPROVIDER I NURSERY TOTAL				207205		150385	30 31 33 101
				OLD C	APITAL INPATIENT	NEW CA	PITAL INPATIENT	
	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	PROGRAM CAPITAL COST 10	PER DIEM 11	PROGRAM CAPITAL COST 12	
25 26 27 28 29 30	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) SUBPROVIDER I	871 325	43 9			138.19 92.38	5942 831	25 26 27 28 29 30 31 33
33 101	NURSERY TOTAL	1196	52				6773	101

101

TOTAL

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.09 11/04/2010 13:03

#### APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D

101

[ ] HOSPITAL (14-1306) SUB III [XX] PPS [ ] TITLE V [XX] CHECK TITLE XVIII-PT A SUB I SUB IV TEFRA APPLICABLE [ ] j SUB II OTHER BOXES [XX] TITLE XIX OLD NEW ---- OLD CAPITAL ---- NEW CAPITAL ----CAPITAL CAPITAL INPATIENT RATIO OF RATIO OF COST CENTER DESCRIPTION RELATED RELATED TOTAL PROGRAM COST TO CAPITAL COST TO CAPTTAL COST COST CHARGES CHARGES CHARGES COSTS CHARGES COSTS 1 2 3 4 5 6 7 8 ANCILLARY SERVICE COST CENTERS .057213 37 OPERATING ROOM 50752 887067 37 67918 .166598 38 RECOVERY ROOM 11315 38 40 ANESTHESIOLOGY 2978 636480 .004679 40 .014780 41 RADIOLOGY-DIAGNOSTIC 73694 4986109 41 6245789 .005451 LABORATORY 34048 44 44 46.30 BLOOD CLOTTING FACTORS ADMIN 46.30 .001058 INTRAVENOUS THERAPY 206 194783 48 48 .014115 49 RESPIRATORY THERAPY 19380 1372999 49 50 PHYSICAL THERAPY 30049 1542008 .019487 50 OCCUPATIONAL THERAPY 51 51 52 SPEECH PATHOLOGY 22 4884 .004505 52 55 MEDICAL SUPPLIES CHARGED TO P 18622 742496 .025080 55 55.30 IMPL. DEV. CHARGED TO PATIENT 55.30 .008612 14944 1735325 56 56 DRUGS CHARGED TO PATIENTS .152866 59 59 CARDIOLOGY 23002 150472 59.97 CARDIAC REHABILITATION 59.97 59.98 HYPERBARIC OXYGEN THERAPY 59.98 59.99 LITHOTRIPSY 59.99 OUTPATIENT SERVICE COST CENTERS 60 15823 14410 1.098057 60 CLINIC 61 EMERGENCY 35774 1118013 .031998 61 OBSERVATION BEDS (NON-DISTINC 350253 62 62 63.50 RURAL HEALTH CLINIC 63.50 63.60 FQHC 63.60 OTHER REIMBURSABLE COST CENTERS

330609

20049006

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART III

CHECK APPLICABLE BOXES

[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX

DOADS	[data] distribution of								INPATIENT
	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	PROGRAM PASS THRU COSTS 8
	INPAT ROUTINE SERV COST CTRS								4
25	ADULTS & PEDIATRICS					871		43	25
26	INTENSIVE CARE UNIT					. 325		9	26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I								31
33	NURSERY					•	-		33
34	SKILLED NURSING FACILITY	i.							34
35	NURSING FACILITY								35
101	TOTAL					1196		52	101

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/2000)

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# APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XI [XX] TITLE XI	[XX] VIII-PT A [ ] IX [ ]	HOSPITAL (14-1306) SUB I SUB II SUB III	[ ] SUB [ ] SNF [ ] NF [ ] ICF/	[ ] PPS [ ] TEFRA [ ] OTHER	
cc	OST CENTER DESCRIPTION	NONPHYSICIAN NON	TPATIENT IPHYSICIAN MEDICAL RESTHETIST EDUCATION COST COST 1.01 2	N/A 2.01	N/A 2.03	TOTAL COSTS 3
37 OPERA 38 RECOV 40 ANEST 41 RADIC 44 LABOR 46.30 BLOOD 48 INTEX 50 PHYSI 51 OCCUI 52 MEDII 55.30 IMPL 56 DRUG 59.97 CARD: 59.98 HYPER 59.99 LITH 60 CLIN 61 EMERG 62 OBSER 63.50 RURA 63.60 FQHC	ATIENT SERVICE COST CENTED IC GENCY RVATION BEDS (NON-DISTINC L HEALTH CLINIC	RS				37 38 40 41 44 46.30 48 49 50 51 52 55,30 56 59 59,97 59,98 59,99 60 61 62 63,50 63,60
OTHE	R REIMBURSABLE COST CENTE L	KS				101

63.60 FQHC

TOTAL

101

OTHER REIMBURSABLE COST CENTERS

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/2000)

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### APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D

63.60

101

			[xx]	HOSPITAL	(14 1205)	r 1	SUB IV		( ) <del>,</del>	PPS	
CHE		[ ] TITLE V ABLE [ ] TITLE XV		SUB I	(14-1200)	1 1	SNF			TEFRA	
BOX		ABLE [ ] TITLE XVI (XX) TITLE XIX		SUB II		l J	NF			OTHER	
AUA	.E.o	IA duitt [AA]	. []	SUB III		[ ]	ICF/MR			, 111111	
				000 111			202,111				
									INPATIENT	ľ	
			OUTPATIENT		RATIO OF	OUTP	ATIENT	INPATIENT	PROGRAM	OUTPATIENT	
		COST CENTER DESCRIPTION	PASS THROUGH	TOTAL	COST TO				PASS THROUG		
			COSTS	CHARGES	CHARGES		HARGES	CHARGES	COSTS	CHARGES	
			3.01	4	5	5	.01	6	7	8	
		ANCILLARY SERVICE COST CENTERS									
37		OPERATING ROOM		887067							37
38		RECOVERY ROOM		67918							38
4 0		ANESTHESIOLOGY		636480							40
41		RADIOLOGY-DIAGNOSTIC		4986109				•			41
44		LABORATORY		6245789							44
46	.30	BLOOD CLOTTING FACTORS ADMIN									46.30
48	<b>}</b> .	INTRAVENOUS THERAPY		194783				19 A 19 19			48
4.9	)	RESPIRATORY THERAPY		1372999			+5	12.50			49
50		PHYSICAL THERAPY		1542008			1,5				50
51	L	OCCUPATIONAL THERAPY					1. 1				51
52	2	SPEECH PATHOLOGY		4884				*			52
55	;	MEDICAL SUPPLIES CHARGED TO P		742496						i.	55
55	3.30	IMPL. DEV. CHARGED TO PATIENT									55.30
56	5	DRUGS CHARGED TO PATIENTS		1735325				( ) ( )			56
59	•	CARDIOLOGY		150472							59
		CARDIAC REHABILITATION									59.97
		HYPERBARIC OXYGEN THERAPY									59.98
		LITHOTRIPSY									59.99
		OUTPATIENT SERVICE COST CENTERS	S					,			
60	)	CLINIC	_	14410							60
61		EMERGENCY		1118013							61
62		OBSERVATION BEDS (NON-DISTINC		350253							62
		RURAL HEALTH CLINIC									63.50
0.3		MANAGE TERMITIC CTITIATO									63.50

20049006

TOTAL

101

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/2000)

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### APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D

101

							PART IV
CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT [XX] TITLE XIX	BUS [ ] A : BUS [ ]		[ ] SUB IV [ ] SNF [ ] NF [ ] ICF/MR	] [ ]	PPS TEFRA OTHER	
COST CENTER	DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
37 OPERATING ROOM 38 RECOVERY ROOM 40 ANESTHESIOLOGY 41 RADIOLOGY-DIAGE 44 LABORATORY 46.30 BLOOD CLOTTING 48 INTRAVENOUS TH 49 RESPIRATORY TH 50 PHYSICAL THERA 51 OCCUPATIONAL T 52 SPEECH PATHOLOG 55 MEDICAL SUPPLI 55.30 IMPL. DEV. CHA 56 DRUGS CHARGED 60 CARDIOLOGY 59.97 CARDIAC REHABI 59.98 HYPERBARIC OXY 59.99 LITHOTRIPSY OUTPATIENT SER 60 CLINIC 61 EMERGENCY 62 OBSERVATION BE 63.50 RURAL HEALTH C 63.60 FQHC	FACTORS ADMIN ERAPY ERAPY PY HERAPY GY ES CHARGED TO P RGED TO PATIENT TO PATIENTS LITATION GEN THERAPY EVICE COST CENTERS						37 38 40 41 44 46.30 48 49 50 51 52 55.30 56 59.97 59.98 59.99 60 61 62 63.50 63.60

15 TOTAL NURSERY DAYS

16 TITLE V OR XIX NURSERY DAYS

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

# COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1

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											PART	I
		[ ] TITLE V-INPT [2	XX]	TITLE	XVIII-PAR	T A	[ ] T	TLE XIX-	INPT			
	DAR	T I - ALL PROVIDER COMPONENTS										
		1 1 122 1.0.122.0 00.11.01.01.01			HOSPITAL (OTHER)	SUB I	SUB II	SUB III	I SUB IV	SNF		
					(14-1306)	-	•	-	1	1		
		INPATIENT DAYS			1	1	1	1	1	1		
		INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-FEXCLUDING NEWBORN)	BED	DAYS	1284							1
	2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING BED AND NEWBORN DAYS)	SWI	NG	871				,			2
	3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAY	YS)		7							3
		SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROO			864		**					4
	5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIV	VATE	}	210		. :					5 -
		ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PH					• •					
	6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIV	VATE	3	201		A					6
		ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PER:	IOD									
	7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE										7
		ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PI	ERIO	D	7		1000					
٠	8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE			. 2							- 8
		ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PER									1.7	
	9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE	TO T	HE	507				•	1.01		. 9
		PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)					* * *		. "			
	10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE I			210							10
		ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31	OF	THE	*		* * *		1 to 1			
		COST REPORTING PERIOD					1.00					
	11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE :			201				."			11
		ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF	F TH	ΙE								
		COST REPORTING PERIOD										
	12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES										12
		ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31	OF	THE								
		COST REPORTING PERIOD										
	13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES										13
		ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 O	F TH	ΙE								
		COST REPORTING PERIOD										
	14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO TH	Œ									14
		PROGRAM (EXCLUDING SWING-BED DAYS)										
	7 ["	MOMBY ANDGEDY DAVE										15

AND PRIVATE ROOM COST DIFFERENTIAL

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

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> WORKSHEET D-1 PART I (CONT)

### COMPUTATION OF INPATIENT OPERATING COST

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

	[ ] TITLE V-INPT [XX] TI	TLE XVIII-PAR	CT A	1	f 1 Tr	LPE XIX	X-INPT				
PAR	T I - ALL PROVIDER COMPONENTS	HOSPITAL	su	ві	SUB II	SUB 1	III SUE	3 IV SN	IF		
		(OTHER)									
	CALLING DED AD THOMBUM	(14-1306) 1		-	1	1	-	L	1		
	SWING-BED ADJUSTMENT	1		1	Т	1	-		т.		
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO										17
	SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD										
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO										18
	SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD										
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO	117.51									19
	SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							-			
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO	117.51	•								20
	SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD										
	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1729479									21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH										22
	DECEMBER 31 OF THE COST REPORTING PERIOD					*		•			0.7
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD										23
	OWING DED COOM ADDITIONED BY ME WARE CERTIFICATION										24
24	DECEMBER 31 OF THE COST REPORTING FERTOD  DECEMBER 31 OF THE COST REPORTING PERIOD  SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER  DECEMBER 31 OF THE COST REPORTING PERIOD									:	24
25	DECEMBER 31 OF THE COST REPORTING PERIOD	235									25
25	DECEMBER 31 OF THE COST REPORTING PERIOD	. 233									2. 3
26	TOTAL SWING-BED COST	554616			7						26
	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							+ 2			27
~ .											
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES	756825									28
	(EXCLUDING SWING-BED CHARGES)										
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4445									29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	752380									30
	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO										31
	AVERAGE PRIVATE ROOM PER DIEM CHARGE	635.00									32
	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	870.81									33
	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL										34
	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL										35 36
	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1174863									36 37
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	TT1#803									۱ د

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98) VERSION: 2010.09 11/04/2010 13:03

COMPUTATION C	F	INPATIENT	OPERATING	COSI
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COMPUTATION OF INPATIENT OPERATING COST WO										WORKSHEET D-1 PART II	
	[ ] TITLE V-INPT	[xx]	TITLE	XVIII-	PART A		[ ]	TITLE	XIX-INPT		
PART :	II - HOSPITAL AND SUBPROVIDERS ONLY			(0)	PITAL CHER) L306)	SUB I	8	SUB II	SUB III	SUB IV	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				L	1		1	1	1	
38 39 40 41	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE CO	TO TH		6 AM	18.86 33872 33872				· .		38 39 40 41
					I/P	TAL COST	1/1		PER DIEM		PROGRAM COST 5
				•		1		2	3	4	5
42	NURSERY (TITLES V AND XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS										<b>42</b> : *** :
43	INTENSIVE CARE UNIT				613	845			1888.75	279	526961 43
44	CORONARY CARE UNIT										44 45
45	BURN INTENSIVE CARE UNIT										46
46 47	SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)										47
. 47	Olima dencial Cana (binding)				٠.						
				(	OSPITA OTHER)		BI	SUB	II SUB II	II SUB IV	
					4-1306 1	,	L	1	1	1	
48 49	PROGRAM INPATIENT ANCILLARY SERVICE COST TOTAL PROGRAM INPATIENT COSTS			_	21347 32180						48 49
	PASS THROUGH COST ADJUSTMEN	TS									
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIEN	T ROU	TINE								50
51	SERVICES PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIEN ANCILLARY SERVICES	T									51
52 53	TOTAL PROGRAM EXCLUDABLE COST TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDU	CAPIT CATIO	AL N COSTS	S							52 53

DECEMBER 31 OF THE COST REPORTING PERIOD
TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

65

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

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## 11/04/2010 13:03 WORKSHEET D-1 PART II (CONT) COMPUTATION OF INPATIENT OPERATING COST

						PART I	I (CONT)
	[ ] TITLE V-INPT [XX] TITLE X	VIII-PART A	[	] TITLE	XIX-INPT		
PART I	I - HOSPITAL AND SUBPROVIDERS ONLY	HOSPITAL (OTHER) (14-1306)			SUB III	SUB IV	
	TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54	PROGRAM DISCHARGES	-	-	-	-	-	54
	TARGET AMOUNT PER DISCHARGE						55
	TARGET AMOUNT						56
	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND						57
	TARGET AMOUNT						
58	BONUS PAYMENT						58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING						58.01
	PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET					• Company of the comp	
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST			1 -		1.7	58.02
	REPORT UPDATED BY THE MARKET BASKET IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01					and the second second	
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01						58.03
	OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING						
	COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						ED 04
	RELIEF PAYMENT	*	•				58.04 59
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT		-				59.01
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)		* *				59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1			* * * * * * * * * * * * * * * * * * * *			59.02
59.03	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY) PROGRAM DISCHARGES PRIOR TO JULY 1 PROGRAM DISCHARGES AFTER JULY 1 PROGRAM DISCHARGES (SEE INSTRUCTIONS) REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.04
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)			•			
59.05	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	59.06
59.00	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER OUT TREDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.07	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
39.00	REDUCED INTRIBUTE COST FROM THOSE THOSE THOSE TO THE TRANSPORTED TO TH						
	PROGRAM INPATIENT ROUTINE SWING BED COST	?					
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH	283261					60
	DECEMBER 31 OF THE COST REPORTING PERIOD						
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER	271121					61
	DECEMBER 31 OF THE COST REPORTING PERIOD						
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	554382					62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH						63
	DECEMBER 31 OF THE COST REPORTING PERIOD						
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER						64

82 TOTAL PROGRAM INPATIENT OPERATING COSTS

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

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### COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1 PARTS III & IV

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

		1				
66	SNF/NF/ICF/MR ROUTINE SERVICE COST					66
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		•			67
68	PROGRAM ROUTINE SERVICE COST					68
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM					69
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	70
71	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS					71
72	PER DIEM CAPITAL RELATED COSTS					72
73	PROGRAM CAPITAL RELATED COSTS		e e			73
74	INPATIENT ROUTINE SERVICE COST			*		74
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		and the second second second second	10 miles 10 miles	•	75
76	TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT				•	76
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		the second secon			77
78	INPATIENT ROUTINE SERVICE COST LIMITATION		and the second second			78
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS			* * * * * * * * * * * * * * * * * * * *	100000	79
80	PROGRAM INPATIENT ANCILLARY SERVICES				**,**	80
. 81	UTILIZATION REVIEWPHYSICIAN COMPENSATION	100		12.0	2.4	.81

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1 PARTS III & IV

[ ] TITLE XIX-INPT [XX] TITLE XVIII-PART A [ ] TITLE V-INPT HOSPITAL SUB I SUB II SUB III SUB IV (OTHER) (14-1306) 1 PART IV - COMPUTATION OF OBSERVATION BED COST 83 TOTAL OBSERVATION BEDS 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 85 OBSERVATION BED COST 217 83 1348.87 84 292705 85 PROGRAM (EXCLUDING SWING-BED DAYS)

15 TOTAL NURSERY DAYS
16 TITLE V OR XIX NURSERY DAYS

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

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						PART	I
[ ] TITLE V-INPT [ ] TITL	E XVIII-PAF	T A	[XX] TIT	LE XIX-II	1PT		
PART I - ALL PROVIDER COMPONENTS	HOSPITAL (PPS) (14-1306)	SUB I	SUB II	SUB III		NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	1284			·			1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	871		1				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7					* .	3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	864						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE	210						5
ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	0.01						6
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE	201						0
ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						*	7
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE							•
ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	2				2		8 .
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	-						
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE	43						9 .
PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)							
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII							10
ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD			**				* e
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII							11
ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE							
COST REPORTING PERIOD							
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX							12
ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE							
COST REPORTING PERIOD	_						13
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX							13
ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE							
COST REPORTING PERIOD							14
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE							

AND PRIVATE ROOM COST DIFFERENTIAL

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

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### COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1 PART I (CONT)

	[ ] TITLE V-INPT [ ] TITL	[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT					PART I	(CONT)	
PF	RT I - ALL PROVIDER COMPONENTS	HOSPITAL	OTTO :	I SUB II	CID TIT	SUB IV	NF		
		(PPS)	SUB .	I SOB II	SOR III	SOB IV	NP		
		(14-1306)							
	SWING-BED ADJUSTMENT	1		1	1	1	1		
	PMING-RED ADOOSIMENT	1	1	+	-	1	1.		
15	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO								17
	SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD								
1.5	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO								18
	SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD								
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO	117.51		8					19
	SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO	117.51							20
	SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		.*	10 miles	* 2	t 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1729479		100					21
				10g - 30g					22
	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD			11 15 25	1 4 7				
	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER			1.15	* 15 g				23
	DECEMBER 31 OF THE COST REPORTING PERIOD			81,6016	111 - 1 - 1 -	12.5			
24	DECEMBER 31 OF THE COST REPORTING PERIOD SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD			2.4 E. 12.1		100			24
	DECEMBER 31 OF THE COST REPORTING PERIOD			1 19			4.00		
- 25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER	235		A		•			25
	DECEMBER 31 OF THE COST REPORTING PERIOD						•		
26	TOTAL SWING-BED COST	554616		1 1 1 to 1 2					26
2.	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1174863							27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT								
21	GENERAL INPATIENT ROUTINE SERVICE CHARGES	756825				*			28
	(FYCLIDING SWING-RED CHARGES)								
21	DETUNTE DOOM CHARGES (EXCLIDING SWING-BED CHARGES)	4445				,			29
31	SEMI-DRIVATE POOM CHARGES (EXCLIDING SWING-BED CHARGES)	752380							30
3.	9 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 9 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 1 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.552358							31
3.	2 AVERAGE PRIVATE ROOM PER DIEM CHARGE	635.00							32
٦.	3 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	870.81							33
3,	A AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL								34
	5 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL								35
3	5 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT								36
	7 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1174863							37
_									

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM

VERSION: 2010.09 11/04/2010 13:03 PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL PERIOD FROM 07/01/2009 TO 06/30/2010 IN LIEU OF FORM CMS-2552-96 (11/98) WORKSHEET D-1

	COMPUTATION OF INPATIENT	OPERATING C	OST				WORKSHEET D-1 PART II
	[ ] TITLE V-INPT [ ] TITLE XV	III-PART A		[XX] TITLE	XIX-INPT		
PART	II - HOSPITAL AND SUBPROVIDERS ONLY	HOSPITAL S (PPS) (14-1306)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
38 39 40 41	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	58001					38 39 40 41
		TOTA I/P C 1	COST		AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 43 44	NURSERY (TITLES V AND XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS INTENSIVE CARE UNIT CORONARY CARE UNIT			325	1888.75	9	16999 43 44
45 46 47	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)		* •				45 46 47
		HOSPITAL (PPS) (14-1306)			II SUB II		
48 49	PROGRAM INPATIENT ANCILLARY SERVICE COST TOTAL PROGRAM INPATIENT COSTS	1 75000	1	1	1	1	. 48 49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	6773					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 53	TOTAL PROGRAM EXCLUDABLE COST TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	6773 68227					52 53

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

#### VERSION: 2010.09 11/04/2010 13:03 COMPUTATION OF INPATIENT OPERATING COST WORKSHEET D-1

									(CONT)
		[ ] TITLE V-INPT [ ] TITLE XV	/III-PART A		[XX] TITLE	XIX-INPT		IMCI II	(COM1)
	PART I		(PPS)		SUB II	SUB III	SUB IV		
		TARGET AMOUNT AND LIMITATION COMPUTATION	(14-1306)						
		PROGRAM DISCHARGES	1	1	1	1.	1		54
	55 56	TARGET AMOUNT PER DISCHARGE TARGET AMOUNT							55 56
		DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT			•				57
	58	BONUS PAYMENT						1.0	
		LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET					,		58.01
	58.02	THEOREM OF TIME 52/TIME 54 OF TIME 55 FROM BRIOD VEND COOK					•		58.02
	58.03	REPORT UPDATED BY THE MARKET BASKET  IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01  OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING  COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT  RELIEF PAYMENT  ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)  PROGRAM DISCHARGES PRIOR TO JULY 1  PROGRAM DISCHARGES AFTER JULY 1  PROGRAM DISCHARGES (SEE INSTRUCTIONS)  REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)  REDUCED INPATIENT COST PER DISCHARGE (SEE INSTR.)							58.03
		OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT	÷						
	58.04	RELIEF PAYMENT		+ 1 +	11 1/10				58.04
	59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT		4 -	5.3			$\omega = e^{-2\pi i \omega}$	59
	59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)			* * * * * * * * * * * * * * * * * * * *				59.01
	59.02	PROGRAM DISCHARGES PRIOR TO JULY 1							59.02
	59.03	PROGRAM DISCHARGES AFTER JULY 1		•					59.03
	59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)							59.04
	59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1							59.05
	59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1							59.06
	59.07 59.08	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY) REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)							59.07
		PROGRAM INPATIENT ROUTINE SWING BED COST							
	60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH							60
	61	DECEMBER 31 OF THE COST REPORTING PERIOD MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER			•				61
		DECEMBER 31 OF THE COST REPORTING PERIOD TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS							
	62 63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH				•			62 63
	64	DECEMBER 31 OF THE COST REPORTING PERIOD TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER							64
	65	DECEMBER 31 OF THE COST REPORTING PERIOD TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS							65
	65	TOTAL TITLE A OW VIV DATAG-DED ME IMENITEMI WOOTING CORIS							33

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1 PARTS III & IV

[ ] TITLE V-INPT

[ ] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

NF

	1	
56 SNF/NF/ICF/MR ROUTINE SERVICE COST		6
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		. 6
68 PROGRAM ROUTINE SERVICE COST		6
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		6
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		7
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		7
72 PER DIEM CAPITAL RELATED COSTS		
73 PROGRAM CAPITAL RELATED COSTS		•
74 INPATIENT ROUTINE SERVICE COST		
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		. •
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		7
78 INPATIENT ROUTINE SERVICE COST LIMITATION		7
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	and the second s	7
80 PROGRAM INPATIENT ANCILLARY SERVICES		
81 UTILIZATION REVIEWPHYSICIAN COMPENSATION		
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		8

PROVIDER	NO.	14-1306	COMMUNITY	MEMORIAL	HOSPITAL
וש מסדממ	MOC	07/01/2000	TO 06/30.	/2010	

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

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COM	PUTATION	OF	INPATIENT	OPERATING	COSI
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WORKSHEET D-1

COMPUTA	TON O	f INPATIENT OPERATION	ig COSI		PARTS I	LL & L
[ ] TITLE V-INPT	[	] TITLE XVIII-PART	A [XX]	() TITLE XIX-INPT		
		HOSPITAL (PPS)	SUB I S	SUB II SUB III	SUB IV	
		(14-1306)				
		1	1	1 1.	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS		217				83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM		1348.87				84
85 OBSERVATION BED COST		292705				85
COMPUTATION OF OBSERVATION BED PASS THROUGH	H COST	- HOSPITAL		TOTAL		
		ROUTINE	COLUMN 1	OBSERVATION	OBSERVATION BED	
		COST	DIVIDED BY	Y BED COST	PASS-THROUGH COST	1
CO	ST	(FROM LINE 27)	COLUMN 2	(FROM LINE 85)	COL 3 TIMES COL 4	:
	1.	2	3	4	5	
86 OLD CAPITAL-RELATED COST		1174863		292705		86
87 NEW CAPITAL-RELATED COST		1174863	*	292705		87
88 NON PHYSICIAN ANESTHETIST		1174863		292705	•	88
89 MEDICAL EDUCATION		1174863	*.	292705		89

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09 11/04/2010 13:03 WORKSHEET D-4 INPATIENT ANCILLARY COST APPORTIONMENT

	TLE V TLE XVIII-PT A TLE XIX	[XX] HOSPITAL [ ] SUB I [ ] SUB II [ ] SUB III [ ] SUB IV	. (14-1306)	[ ] SNF [ ] NF [ ] S/B-SNF [ ] S/B-NF [ ] ICF/MR	[xx]	TEFRA
	COST CENTER DESCRIPTION		RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
25 26 37 38	INPATIENT ROUTINE SERVICE COSTADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SERVICE COST CENTER OPERATING ROOM RECOVERY ROOM		.599394 1.374672	315133 344267 48754 3789	29223 5209	25 26 37 38 40
40 41 44	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC LABORATORY BLOOD CLOTTING FACTORS ADMIN	CO	.489258 .285757 .244487	37230 159430 412519	18215 45558 100856	40 41 44 46.30
48 49 50	INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY		.067757 .295408 .394270	66188 233903 22639	4485 69097 8926	48 49 50 51
51 52 55 55.30	OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SUPPLIES CHARGED TO P IMPL. DEV. CHARGED TO PATIENT		.943079 .634333	198 145828	187 92504	52 55 55.30
59.98	DRUGS CHARGED TO PATIENTS CARDIOLOGY CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY		.647685 .968506	220860 4028	143048 3901	56 59 59.97 59.98 59.99
59.99 60 61 62	LITHOTRIPSY OUTPATIENT SERVICE COST CENTE CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTING		6.883969 1.308375 .835696	20	138	60 61 62
	OTHER REIMBURSABLE COST CENTERURAL HEALTH CLINIC			1355386	521347	63.50 63.60 101
102 103	LESS PBP CLINIC LAB SVCS-PGM NET CHARGES	ONLY CHARGES		1355386		102 103

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

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	INPALLENT ANCIDEAGE COOL ME	101111011111111					
[XX] TI	TLE V TLE XVIII-PT A TLE XIX	[ ] HOSPITAL [ ] SUB I [ ] SUB II [ ] SUB III [ ] SUB IV		[ ] SNF [ ] NF [XX] S/B-SNF ( [ ] S/B-NF [ ] ICF/MR	Ī	] PPS ] TEFRA ] OTHER	
	COST CENTER DESCRIPTION		RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3		
25 26 37 38 40 41 44 46.30 48 49 50 51 52 55 55 55,30 56 59 97 59.97	INPATIENT ROUTINE SERVICE COST ADULTS & PEDIATRICS INTENSIVE CARE UNIT ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC LABORATORY BLOOD CLOTTING FACTORS ADMIN O INTRAVENOUS THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SUPPLIES CHARGED TO PATIENT DRUGS CHARGED TO PATIENT CARDIOLOGY CARDIOLOGY CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY LITHOTRIPSY	3 	.599394 1.374672 .489258 .285757 .244487 .067757 .295408 .394270 .943079 .634333 .647685 .968506	20820 82930 12585 64520 66768 343 33106 79621 8586	5949 20275 853 19060 26325 323 21000 51569 8316		25 26 37 38 40 41 44 46.30 48 49 50 51 52 55 55.30 56 59 59.97 59.98 59.99
60 61 62	OUTPATIENT SERVICE COST CENTER CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINC' OTHER REIMBURSABLE COST CENTER	T	6.883969 1.308375 .835696	10	69		60 61 62
63.50 63.60 101 102 103	RURAL HEALTH CLINIC			369289 369289	153739		63.50 63.60 101 102 103

# OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

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#### INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-4

	ITLE XVIII-PT A ITLE XIX	[XX] HOSPITAL [ ] SUB I [ ] SUB II [ ] SUB III [ ] SUB IV	(14-1306)	[ ] SNF [ ] NF [ ] S/B-SNF [ ] S/B-NF [ ] ICF/MR	[XX] PPS [ ] TEFRA [ ] OTHER	
	COST CENTER DESCRIPTION		RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
25 26	INPATIENT ROUTINE SERVICE COST ADULTS & PEDIATRICS INTENSIVE CARE UNIT	CENTERS				· 25 26
37 38	ANCILLARY SERVICE COST CENTERS OPERATING ROOM RECOVERY ROOM	5	.599394 1.374672			37 38
40 41	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC		.489258 .285757			40 41
44 46.30 48	LABORATORY BLOOD CLOTTING FACTORS ADMIN COUNTRAVENOUS THERAPY	20	.067757			44 46.30 48
49 50 51	RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY		.295408 .394270	en e		49 50 51
52 55	SPEECH PATHOLOGY MEDICAL SUPPLIES CHARGED TO PA		.943079 .634333			52 <sub>.</sub> 55
56 59	IMPL. DEV. CHARGED TO PATIENT DRUGS CHARGED TO PATIENTS CARDIOLOGY		. 647685 . 968506			55.30 56 59
59.98	CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY LITHOTRIPSY					59.97 59.98 59.99
60 61	OUTPATIENT SERVICE COST CENTER CLINIC EMERGENCY	RS	6.883969 1.308375			60 61
62 63 50	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTER RURAL HEALTH CLINIC		.835696			62 63.50
63.60 101	FQHC TOTAL					63.60 101
102 103	LESS PBP CLINIC LAB SVCS-PGM O NET CHARGES	ONLY CHARGES				102 103

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.09 11/04/2010 13:03 WORKSHEET E PART A

#### CALCULATION OF REIMBURSEMENT SETTLEMENT

#### PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL SUB I SUB II SUB III SUB IV

	DRG AMOUNT				
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1				1
1.	1 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER				1.01
	OCTOBER 1 AND BEFORE JANUARY 1				
1.	2 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1				1.02
	MANAGED CARE PATIENTS				
	3 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1				1.03
1.	04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1				1.04
1.	5 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1				1.05
1.	DE PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1 DE ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED DE PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001				1.06
1.	07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001				1.07
	THROUGH SEPTEMBER 30, 2001				1.08
1.	08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER				1.08
	APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001				2
2	OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997				2.01
2.	O1 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT				2.01
					. 3
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD		* *		3.01
	01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I				3.02
	D2 INDIRECT MEDICAL EDUCATION PERCENTAGE		:	and the control of t The control of the control of	3.03
	33 INDIRECT MEDICAL EDUCATION ADJUSTMENT				3.04
3.	04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996				3.04
					3.05
3.	05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW				3.03
	PROGRAMS IN ACCORDANCE WITH SECTION 1886(d) (5) (B) (viii)				
-	PROGRAMS IN ACCORDANCE WITH SECTION 1880 (4) (5) (5) (7) (7) (1) (6) ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS				3.06
3.	FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION				
	1886(d) (5) (B) (viii) [ FOR CR PERIODS ENDING ]				
	ON OR AFTER 7/1/2005				
	[E-3, PT.VI, LN.15] [PLUS LN.3.06]				
3	07 SUM OF LINES 3.04-3.06 0.00 0.00				3.07
3.	08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN				3.08
٠.	THE CURRENT YEAR FROM YOUR RECORDS				
3.	09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE				3.09
	PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1				
3.	10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE				3.10
	PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1				
3.	11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09			•	3.11
	12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10				3.12
3.	13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS				3.13
	14 CURRENT YEAR ALLOWABLE FTE				3.14
3.	15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE				3.15
	BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE				2 1 2
3.	16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF				3.16
	THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997,				
	OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS				
	PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.	•			
	RES. IN				
	INIT YRS 17 SIM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE 0.00				3.17
3 .	1, 501. Of Marian 5,111 11111111111111111111111111111111				3.11
	NUMBER OF THOSE LINES IN EXCESS OF ZERO				

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.09 11/04/2010 13:03

#### CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

WORKSHEET E PART A (CONT)

		HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
3.19 3.20 3.21 3.22	CURRENT YEAR RESIDENT TO BED RATIO PRIOR YEAR RESIDENT TO BED RATIO FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1 IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1 IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1						3.18 3.19 3.20 3.21 3.22 3.23
	[SUM OF LINES] [PLUS E-3,PT.VI] [ 3.21-3.23 ] [ LINE 23 ]						3.24
3.24	SUM OF LINES 3.21-3.23 0 0 DISPROPORTIONATE SHARE ADJUSTMENT PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE						4
4.02	PART A PATIENT DAYS PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS SUM OF 4 AND 4.01	•					4.01
4.04	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD						4.03
5	BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317	•		*** *			5 5.01
5.02	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317 DIVIDE LINE 5.01 BY LINE 5					•	5.01 5.02 5.03
5.04	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK						5.04 5.05
	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS TOTAL ADDITIONAL PAYMENT SUBTOTAL HOSPITAL SPECIFIC PAYMENTS						5.06 6 7
	HOSPITAL SPECIFIC PAYMENTS (1996 HSR) TOTAL PAYMENT FOR INPATIENT OPERATING COSTS PAYMENT FOR INPATIENT PROGRAM CAPITAL						7.01 8 9
10 11	FAMMENT FOR INFATIENT PROGRAM CAPITAL EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL DIRECT GRADUATE MEDICAL EDUCATION PAYMENT NURSING AND ALLIED HEALTH MANAGED CARE						10 11 11.01
	ADD-ON PAYMENT FOR NEW TECHNOLOGIES NET ORGAN ACQUISITION COST COST OF TEACHING PHYSICIANS						11.02 12 13
14 15 16	ROUTINE SERVICE OTHER PASS THROUGH COSTS ANCILLARY SERVICE OTHER PASS THROUGH COSTS TOTAL		*				14 15 16
17 18 19	PRIMARY PAYER PAYMENTS TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES						17 18 19 20
	COINSURANCE BILLED TO PROGRAM BENEFICIARIES REIMBURSABLE BAD DEBTS REDUCED PROGRAM REIMBURSABLE BAD DEBTS						21 21.01 21.02
21.02 22	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES SUBTOTAL						22

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (05/2007)

### CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

WORKSHEET E PART A (CONT)

VERSION: 2010.09 11/04/2010 13:03

		HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
23 24	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION OTHER ADJUSTMENTS						23 24
25 26 27 28 28.01 29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS AMOUNT DUE PROVIDER SEQUESTRATION ADJUSTMENT INTERIM PAYMENTS TENTATIVE SETTLEMENT (FOR FI USE ONLY) BALANCE DUE PROVIDER (PROGRAM) PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)						25 26 27 28 28.01 29 30
50 51 52 53 54 55 56	IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2  TO BE COMPLETED BY INTERMEDIARY OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01 CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.) CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY TIME VALUE OF MONEY (SEE INSTRUCTIONS) CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				50 51 52 53 54 55 56

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/2000)

WORKSHEET E

VERSION: 2010.09 11/04/2010 13:03

#### CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E PART B

### PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1306) 1	HOSPITAL (14-1306) 1.01	HOSPITAL (14-1306) 1.02	
1 MEDICAL AND OTHER SERVICES 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR	3785152			1 1.01
AFTER AUGUST 1, 2000 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS 1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST				1.02
RATIO 1.04 LINE 1.01 TIMES LINE 1.03			•	1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04 1.06 TRANSITIONAL CORRIDOR PAYMENT 1.07 AMOUNT FROM WORKSHEET D, PART IV,				1.06
COLUMN 9, LINE 101 2 INTERNS AND RESIDENTS 3 ORGAN ACQUISITIONS				2 3
4 COST OF TEACHING PHYSICIANS 5 TOTAL COST	3785152	the Artist		4 5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		en e	•	6
6 ANCILLARY SERVICE CHARGES 7 INTERNS AND RESIDENTS SERVICE CHARGES 8 ORGAN ACQUISITION CHARGES			1	7 8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				10
10 TOTAL REASONABLE CHARGES CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON				11
A CHARGE BASIS  AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12 14 TOTAL CUSTOMARY CHARGES 15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE				13 14 15
COST 16 EXCESS OF REASONABLE COST OVER CUSTOMARY				16
CHARGES 17 LESSER OF COST OR CHARGES 17.01 TOTAL PPS PAYMENTS	3823004			17 17.01

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.09 11/04/2010 13:03

### CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E PART B

### PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1306) 1	HOSPITAL (14-1306) 1.01	HOSPITAL (14-1306) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT  18 DEDUCTIBLES  18.01 COINSURANCE  19 SUBTOTAL  20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E  21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS  22 ESRD DIRECT MEDICAL EDUCATION COSTS  23 SUBTOTAL  24 PRIMARY PAYER PAYMENTS	38689 1189775 2594540 2594540 613		18 18.01 19 20 21 22 23 24 25
25 SUBTOTAL REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	2593927		<del>, , , , , , , , , , , , , , , , , , , </del>
26 COMPOSITE RATE ESRD 27 BAD DEBTS 27.01 REDUCED REIMBURSABLE BAD DEBTS 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE	157170 157170		26 27 27.01 27.02
BENEFICIARIES (SEE INSTRUCTIONS) 28 SUBTOTAL 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION 30 OTHER ADJUSTMENTS	2751097		28 29 30 30.99
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT) 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL 33 SEQUESTRATION ADJUSTMENT 34 INTERIM PAYMENTS 34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY) 35 BALANCE DUE PROVIDER/PROGRAM 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	2751097 2824505 -73408 22982		32 33 34 34.01 35 36
TO BE COMPLETED BY CONTRACTOR  ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)  UTLIER RECONILIATION AMOUNT (SEE INSTRUCT  THE RATE USED TO CALCULATE THE TIME VALUE  TIME VALUE OF MONEY (SEE INSTRUCTIONS)  TOTAL (SUM OF LINES 51 AND 53)			50 51 52 53 54

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09 11/04/2010 13:03

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED HOSPITAL (14-1306)

WORKSHEET E-1

	HOSPITAL (14-1306)			INPATIEN	ls.fr			
				PART		PAR	г в	
	DESCRIPTION			MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
				1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				1218604		2831331	1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EIT				NONE		10716	2
	SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIAR!							
	SERVICES RENDERED IN THE COST REPORTING PERIOD.	IF						
2	NONE, WRITE 'NONE', OR ENTER A ZERO. LIST SEPARATELY EACH RETROACTIVE LUMP SUM		.01	12/23/2009	65413			3.01
3	ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM	.02	05/07/2010	273309			3.02
	REVISION OF THE INTERIM RATE FOR THE COST	TO	.03				NONE	3.03
	REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER						3.04
	PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.05				12265	3.05
	•	DDOUTDED	.50		*	12/23/2009 05/07/2010	13365 4177	3.50 3.51
		PROVIDER	.52		NONE	03/07/2010	7111	3.52
			.53	•				3.53
			.54	•				3.54
	SUBTOTAL		.99		338722		-17542	3.99
. 4	TOTAL INTERIM PAYMENTS				1557326		2824505	4
7	TOTAL INTERCEM PARAMETO							
		TO BE COM	IPLETE!	D BY INTERMEDIARY				
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY-	PROGRAM	.01					5.01
	MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH	TO	.02		NONE		NONE	5.02
	PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.						•	5.03 5.50
		PROVIDER	.50		NONE		NONE	5.50
		PROGRAM	.52		NONE		NONE	5.52
	SUBTOTAL		.99					5.99
6	Durantino tina banantino tanta	OGRAM TO	0.7		48427			6.01
	(Dillinia wow)	ROVIDER VIDER TO	.01		40427		-73408	6.02
	······································	ROGRAM	. 02				,	
7	TOTAL MEDICARE PROGRAM LIABILITY				1605753		2751097	7
N	AME OF INTERMEDIARY:				INTERME	DIARY NUMBER:		
S	IGNATURE OF AUTHORIZED PERSON:				DATE (M	O/DAY/YR):		

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98) VERSION: 2010.09 11/04/2010 13:03

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED SWING BED SKILLED NURSING FACILITY (14-Z306)

WORKSHEET E-1

SWING BED SKILLED NORSING PACIFILI (14-2300)	,		INPATIEI PART		PART	В	
DESCRIPTION			MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
		•	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EI SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIAN SERVICES RENDERED IN THE COST REPORTING PERIOD. NOME, WRITE 'NOME', OR ENTER A ZERO.	Y FOR			592494 NONE		NONE	1 2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	*	.05	12/12/2009 05/07/2010	10080 87089		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51
	PROVIDER TO PROGRAM	.52 .53 .54		NONE		NONE	3.52 3.53 3.54
SUBTOTAL		.99	•	97169			3.99
4 TOTAL INTERIM PAYMENTS				689663			4
	TO BE CO	IPLETE:	D BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	TO			NONE	·	NONE	5.01 5.02 5.03 5.50
	TO PROGRAM	.51		NONE		NONE	5.51 5.52
SUBTOTAL 6 DETERMINED NET SETTLEMENT AMOUNT PR	OGRAM TO	. 99					5.99
(BALANCE DUE) BASED ON THE COST PROPERT. PRO	PROVIDER OVIDER TO PROGRAM	.01		22978			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				712641			7
NAME OF INTERMEDIARY:				INTERMEI	DIARY NUMBER:		
SIGNATURE OF AUTHORIZED PERSON:				DATE (MO	D/DAY/YR):		

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/1999)

### VERSION: 2010.09 11/04/2010 13:03 CALCULATION OF REIMBURSEMENT SETTLEMENT SWING BEDS SUPPLEMENTAL WORKSHEET E-2

COMPUTATION	OF	NET	COST	OF	COVERED	SERVICES
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		TITLE V S/B NF	TITLE S/B SNF PART A (14-	XVIII S/B SNF PART B 2306)		E XIX S/B NF 1	. •		
1	INPATIENT ROUTINE SERVICES - SWING BED - SNF		559926						1
2	INPATIENT ROUTINE SERVICES - SWING BED - NF								2
3	ANCILLARY SERVICES		155276						3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM								*
5	PROGRAM DAYS		411						5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING					•			6
	PROGRAM								
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION -					•		.:	7
_	SNF OPTIONAL METHOD ONLY		715202			•			8
8 9	SUBTOTAL PRIMARY PAYER PAYMENTS		715202					*	9
10	SUBTOTAL		715202						10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE								11
3 · · · · ·	AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL							•	
	SERVICES)								
12	SUBTOTAL DIVINE TO PROGRAM DIMINIS (FIGURDS	•	715202 2561						12 13
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL		2561		•				13
	SERVICES)								
14	80% OF PART B COSTS								14
15	SUBTOTAL		712641						15
16	OTHER ADJUSTMENTS								16
17	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR								17
17 01	PHYSICIAN PROFESSIONAL SERVICES) REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE							17.	0.1
17.01	BENEFICIARIES							1.	01
18	TOTAL		712641						18
19	SEQUESTRATION ADJUSTMENT								19
20	INTERIM PAYMENTS		689663						20
	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		22978					20.	.01 21
21 22	BALANCE DUE PROVIDER/PROGRAM PROTESTED AMOUNTS (NONALLOWABLE COST REPORT		4303						22
44	ITEMS) IN ACCORDANCE WITH CMS PUB 15-II,		1000						
	SECTION 115.2								

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/1999)

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#### CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3 PART II

### PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

		HOSPITAL (14-1306)	SUB I	SUB II	SUB III	SUB IV	SNF I	
	INPATIENT SERVICES NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	1732180						1 1.01
2	ORGAN ACQUISITION COST OF TEACHING PHYSICIANS							3
3	SUBTOTAL	1732180						4
5	PRIMARY PAYER PAYMENTS							5
6	TOTAL COST	1749502						6
7 8 9 10 11 12 13	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES ROUTINE SERVICE CHARGES ANCILLARY SERVICE CHARGES ORGAN ACQUISITION CHARGES, NET OF REVENUE TEACHING PHYSICIANS TOTAL REASONABLE CHARGES AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENT LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASI AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E) RATIO OF LINE 12 TO LINE 13 TOTAL CUSTOMARY CHARGES	S						7 8 9 10 11 12 13
16 17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				•			16 17 ·

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/1999)

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3 PART II

#### PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

		HOSPITAL (14-1306)	SUB I	SUB II	SUB III	SUB IV	SNF I	
18	COMPUTATION OF REIMBURSEMENT SETTLEMENT DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	1749502						18 19
19 20	COST OF COVERED SERVICES DEDUCTIBLES	186143						20 21
21 22	EXCESS REASONABLE COST SUBTOTAL	1563359						22
23 24	COINSURANCE SUBTOTAL	1563359						23 24
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	42394						25
	REDUCED REIMBURSABLE BAD DEBTS REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE	42394						25.01 25.02
26	BENEFICIARIES (SEE INSTRUCTIONS) SUBTOTAL	1605753						26 27
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM							
28	UTILIZATION OTHER ADJUSTMENTS							28 29
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS							2,7
30 31	SUBTOTAL SEQUESTRATION ADJUSTMENT	1605753						30 31
32 32.01	INTERIM PAYMENTS	1557326						32 32.01
32.01 33 34	BALANCE DUE PROVIDER/PROGRAM PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II,	48427 10522						· 33 34
	SECTION 115.2							

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/1999)

#### VERSION: 2010.09 11/04/2010 13:03 WORKSHEET E-3 CALCULATION OF REIMBURSEMENT SETTLEMENT PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY PART III

		[ ] TITLE V	[ ] TIT	LE XVIII		[XX] TI	TLE XIX	
			HOSPITAL (14-1306) (PPS)	SUB I	SUB II	SUB III	SUB IV	NF I
	1 2 3 4	COMPUTATION OF NET COST OF COVERED SERVICES INPATIENT HOSPITAL/SNF/NF SERVICES MEDICAL AND OTHER SERVICES INTERNS AND RESIDENTS ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O	1	1	1		1	1
	5	COST OF TEACHING PHYSICIANS SUBTOTAL			ř			
	7 8 9	IMPATIENT PRIMARY PAYER PAYMENTS OUTPATIENT PRIMARY PAYER PAYMENTS SUBTOTAL						
	10 11	COMPUTATION OF LESSER OF COST OR CHARGES ROUTINE SERVICE CHARGES ANCILLARY SERVICE CHARGES						
	12 13	INTERNS AND RESIDENTS SERVICE CHARGES ORGAN ACQUISITION CHARGES, NET OF REVENUE			:			
	14 15	TEACHING PHYSICIANS INCENTIVE FROM TARGET AMOUNT COMPUTATION						
	16	TOTAL REASONABLE CHARGES		•		the transfer of the second	* r	
		CUSTOMARY CHARGES AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE	•		,	4, .		
	17 18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS HABBE AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			•			
	19 20	RATIO OF LINE 17 TO LINE 18 TOTAL CUSTOMARY CHARGES						
	21 22	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						
	23	COST OF COVERED SERVICES						
,	24	PROSPECTIVE PAYMENT AMOUNT OTHER THAN OUTLIER PAYMENTS						
	25 26	OUTLIER PAYMENTS PROGRAM CAPITAL PAYMENTS						
	27	CAPITAL EXCEPTION PAYMENTS						
	28 29	ROUTINE SERVICE OTHER PASS THROUGH COSTS ANCILLARY SERVICE OTHER PASS THROUGH COSTS						
	30	SUBTOTAL						
	31 32	CUSTOMARY CHARGES (TITLE XIX PPS COVERED LESSER OF LINES 30 OR 31						
	32	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						

PROTESTED AMOUNTS (NONALLOWABLE COST REPORT

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SECTION 115.2

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/1999)

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## CALCULATION OF REIMBURSEMENT SETTLEMENT PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3 PART III

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	[ ] TITLE V	[ ] TI	rle XVIII		[XX] TIT	E XIX		
		HOSPITAL (14-1306) (PPS)	SUB I	SUB II	SUB III	SUB IV	NF I	
		1	1	1	1	1	1	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT							
34	EXCESS OF REASONABLE COST							34
35	SUBTOTAL							35
36	COINSURANCE							36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,							37
38	REIMBURSABLE BAD DEBTS				• •			38
38.01	REDUCED REIMBURSABLE BAD DEBTS							38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE			** *				38.02
	BENEFICIARIES (SEE INSTRUCTIONS)							
39	UTILIZATION REVIEW	*						39
40	UTILIZATION REVIEW SUBTOTAL INPATIENT ROUTINE SERVICE COST MEDICARE INPATIENT ROUTINE CHARGES AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE			1				40
41	INPATIENT ROUTINE SERVICE COST			. *				41
42	MEDICARE INPATIENT ROUTINE CHARGES				* · · · · · · · · · · · · · · · · · · ·			42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE			. :	200			43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM				,			44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN							
-	ACCORDANCE WITH 42 CFR 413.13(E)							
45	RATIO OF LINE 43 TO LINE 44							45
46	TOTAL CUSTOMARY CHARGES							46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						4	48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM							49
	UTILIZATION							
50	OTHER ADJUSTMENTS				•			50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING							51
	DEPRECIABLE ASSETS							
52	SUBTOTAL							52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT							53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS							54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER							55
56	SEQUESTRATION ADJUSTMENT							56
57	INTERIM PAYMENTS							57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)							57.01
- 58	BALANCE DUE PROVIDER/PROGRAM							58
	THE PARTY OF THE P							E 0

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.09 11/04/2010 13:03 WORKSHEET G BALANCE SHEET

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE	ENDOWMENT FUND	PLANT FUND	
		1	FUND 2	3	4	
	CURRENT ASSETS					
1 2	CASH ON HAND AND IN BANKS TEMPORARY INVESTMENTS	2622901 1550000				1 2
3	NOTES RECEIVABLE			•		3
4	ACCOUNTS RECEIVABLE	4081690	•			4 5
5 6	OTHER RECEIVABLES ALLOWANCE FOR UNCOLLECTIBLE					J
	NOTES & ACCOUNTS RECEIVABLE	-2109719				6
7 8	INVENTORY PREPAID EXPENSES	274090 175864				7 8
9	OTHER CURRENT ASSETS	173004	* * * * * * * * * * * * * * * * * * * *			9
10	DUE FROM OTHER FUNDS		,			10
11	TOTAL CURRENT ASSETS	6594826				11
	FIXED ASSETS					
12	LAND	443004		tus in and		12 12.01
12.01	ACCUMULATED DEPRECIATION LAND IMPROVEMENTS	269258				13
	ACCUMULATED DEPRECIATION	-143674	•	Section 1		13.01
14	BUILDINGS ACCUMULATED DEPRECIATION	3863357 -2200008	•			14 14.01
	LEASEHOLD IMPROVEMENTS	220000				15
	ACCUMULATED AMORTIZATION			A		15.01
16 16 01	FIXED EQUIPMENT ACCUMULATED DEPRECIATION	2052899 -1949479		•		16 16.01
17	AUTOMOBILES AND TRUCKS					17
	ACCUMULATED DEPRECIATION	3997609				17.01 18
18 18.01	MAJOR MOVABLE EQUIPMENT ACCUMULATED DEPRECIATION	-2718573				18.01
19	MINOR EQUIPMENT DEPRECIABLE					19
19.01 20	ACCUMULATED DEPRECIATION MINOR EQUIPMENT-NONDEPRECIABLE					19.01 20
21	TOTAL FIXED ASSETS	3614393				21
22	OTHER ASSETS INVESTMENTS	2370150				22
23	DEPOSITS ON LEASES					23
24	DUE FROM OWNERS/OFFICERS			•		24 25
25 26	OTHER ASSETS TOTAL OTHER ASSETS	2370150		•		26
		10550050				27
27	TOTAL ASSETS	12579369				2.7
	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE	ENDOWMENT FUND	PLANT FUND	
		FOND	FUND	r owd	FOND	
		1	2	3	4	
28	CURRENT LIABILITIES ACCOUNTS PAYABLE	622313				28
29	SALARIES, WAGES & FEES PAYABLE	608001				29
30	PAYROLL TAXES PAYABLE	203624				30 31
31 32	NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME	203624				32
33	ACCELERATED PAYMENTS					33
34 35	DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES	40000				34 35
35 36	TOTAL CURRENT LIABILITIES	1473938				36
37	LONG-TERM LIABILITIES MORTGAGE PAYABLE	917104				37
38	NOTES PAYABLE					38 .
39	UNSECURED LOANS					39 40
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66					± 0
41	OTHER LONG TERM LIABILITIES					41
42	TOTAL LONG TERM LIABILITIES TOTAL LIABILITIES	917104 2391042				42 43
43	TOTAL BIUDINITIES	20042				
	CAPITAL ACCOUNTS	1010000				44
44 45	GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE	10188327				44
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED					46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED					47 48
48 49	GOVERNING BODY CREATED - ENDOWMENT FUND BAL PLANT FUND BALANCE - INVESTED IN PLANT					49
50	PLANT FUND BALANCE - RESERVE FOR PLANT					50
E1	IMPROVEMENT, REPLACEMENT AND EXPANSION TOTAL FUND BALANCES	10188327				51
51	TOTUT LOM DWINGER	10100021				
52	TOTAL LIABILITIES AND FUND BALANCES	12579369				52

19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/96)

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WORKSHEET G-1

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STATEMENT OF CHANGES IN FUND BALANCES

	STATEMENT OF CHANGES IN FOND DALMA	CDD			
		GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND	PLANT FUND
1	FUND BALANCES AT BEGINNING OF PERIOD	9757923			1
2	NET INCOME (LOSS)	430404			2
3	TOTAL	10188327			3
4	ADDITIONS (CREDIT ADJUSTMENTS)				4
5					5
6					6
7					7
8					8
. 9					9
10	TOTAL ADDITIONS	**			. 10
11	SUBTOTAL	10188327		<i>1</i>	11
12	DEDUCTIONS (DEBIT ADJUSTMENTS)	•		·	12
13					13
14					14
15					15
16					16
17					17
18	TOTAL DEDUCTIONS				18

10188327

#### STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2 PARTS I & II

#### PART I - PATIENT REVENUES

	EML I INI	IENI REVEROSO			
	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	805184		805184	1
2	SUBPROVIDER I				2
4	SWING BED - SNF	130095		130095	4
5	SWING BED - NF				5
6	SKILLED NURSING FACILITY				6
7	NURSING FACILITY				7
8	OTHER LONG TERM CARE				8
9	TOTAL GENERAL INPATIENT CARE SERVICES	935279	•	935279	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10	INTENSIVE CARE UNIT				10
11	CORONARY CARE UNIT				11
12	BURN INTENSIVE CARE UNIT		3		12
13	SURGICAL INTENSIVE CARE UNIT				13
14	OTHER SPECIAL CARE (SPECIFY)				14
15	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE				15
16	TOTAL INPATIENT ROUTINE CARE SERVICES	935279		935279	16
17	ANCILLARY SERVICES	2115482		2115482	17
18	OUTPATIENT SERVICES		19616467	19616467	18
	RURAL HEALTH CLINIC				18.50
	FOHC				18.60
1.9	HOME HEALTH AGENCY		989173	989173	19
20	AMBULANCE				20
21	CORF				21
22	ASC				22
23	HOSPICE				23
24					24
25	TOTAL PATIENT REVENUES	3050761	20605640	23656401	25
	PART II - OPE	RATING EXPENSES			
			1	2	
26	OPERATING EXPENSES			12991863	26
27	BAD DEBT EXPENSE	10	74830		27
28					28
29				•	29
30					30
31					31
32					32
33	TOTAL ADDITIONS			1074830	33
34	ROUNDING				34
35					35
36					36
37					37
38					38
39	TOTAL DEDUCTIONS				39
40	TOTAL OPERATING EXPENSES			14066693	40

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.09 11/04/2010 13:03 STATEMENT OF REVENUES AND EXPENSES WORKSHEET G-3

DIE	TOP	т.	TOTAL	T.	7	۸7

1	TOTAL PATIENT REVENUES					23656401	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS'	ACCOUNTS				9425101	2
3	NET PATIENT REVENUES					14231300	3
4	LESS - TOTAL OPERATING EXPENSES					14066693	4
5	NET INCOME FROM SERVICE TO PATIENTS					164607	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.					15000	6
7	INCOME FROM INVESTMENTS					86026	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE					•	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE						9
10	PURCHASE DISCOUNTS						10
11	REBATES AND REFUNDS OF EXPENSES					31808	11
12	PARKING LOT RECEIPTS						12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE				151	•	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS			1.0		36668	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS						15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS					1031	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS					**	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS					6379	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)					ear of the contract	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN				٠.,		20
21	RENTAL OF VENDING MACHINES		*	*	2.2	The state of the state of the state of	21
22	RENTAL OF HOSPITAL SPACE					 35540	22
23	GOVERNMENTAL APPROPRIATIONS					37268	23
24	DIABETIC CONSULTANT					945	24
24.01	X-RAY FILM COPYING					280	24.01
24.02	INSERVICE EDUCATION					846	24.02
24.03	CARDIAC REHAB					6380	24.03
24.04	PUBIC RELATIONS						24.04
24.05	LOSS ON DISPOSAL OF ASSETS					525	24.05
24.06	MISCELLANEOUS					8101	24.06
24.07	HOME HEALTH CONSULTANT						24.07
24.08	ROUNDING						24.08
25	TOTAL OTHER INCOME					266797	25
26	TOTAL					431404	26
27	SCHOLARSHIP					1000	27
28							28
29							29
30	TOTAL OTHER EXPENSES					1000	30
31	NET INCOME (OR LOSS) FOR THE PERIOD					430404	31

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.09 11/04/2010 13:03

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA	NO.	:	14-	7166

WORKSHEET H

	,		SALARIES	EMPLOYEE BENEFITS	TRANS- PORTATION	CONTRACTED/ PURCH SVCS	OTHER COSTS	TOTAL HH	Ą
			1	2	3	4	5	6	
	GENERAL SERVICE COST CENTER								
1	CAPITAL RELATED-BLDG & FIXTURES						5079	5079	1
2	CAPITAL RELATED-MOVABLE EQUIPMENT								2
3	PLANT OPERATION & MAINTENANCE								3
4	TRANSPORTATION				46018			46018	4
5	ADMINISTRATIVE AND GENERAL		101749				12665	114414	5
	HHA REIMBURSABLE SERVICES								
6	SKILLED NURSING CARE		375109			1.	•	375109	6
7	PHYSICAL THERAPY		39681			28500		68181	7
8	OCCUPATIONAL THERAPY					12946		12946	8
9	SPEECH PATHOLOGY					3300		3300	9
10	MEDICAL SOCIAL SERVICES		32018				•	32018 1	1.0
. 11	HOME HEALTH AIDE		39261			. 50		39261 1	11
12	SUPPLIES						11814	11814 1	12
13	DRUGS	•							13
13.20	COST OF ADMINISTERING VACCINES	•					and the second of the		13.20
14	DME	the state of the s				and the second			14
	HHA NONREIMBURSABLE SERVICES					Contract Contract			
15	HOME DIALYSIS AIDE SERVICES				and the second	Control of the Control		1	15
16	RESPIRATORY THERAPY							1	16
17	PRIVATE DUTY NURSING					4.0		. 1	17
18	CLINIC								18
19	HEALTH PROMOTION ACTIVITIES	•				A		3	19
20	DAY CARE PROGRAM							2	2 0
21	HOME DELIVERED MEALS PROGRAM							2	21
22	HOMEMAKER SERVICE							2	22
23	ALL OTHERS							2	23
23.50	TELEMEDICINE							2	23.50
24	TOTAL		587818		46018	44746	29558	708140 2	24 .

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (05/2007)

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL PERIOD FROM 07/01/2009 TO 06/30/2010 VERSION: 2010.09 11/04/2010 13:03

	ANALYSIS OF PROVIDER-BASED HOME HEALTH AG	ENCY COSTS	HHA NO.:	14-7166			KSHEET H NTINUED)
		RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	(30)	,
	GENERAL SERVICE COST CENTER						_
1	CAPITAL RELATED-BLDG & FIXTURES		5079		5079		1
2	CAPITAL RELATED-MOVABLE EQUIPMENT						2
3	PLANT OPERATION & MAINTENANCE						3
4	TRANSPORTATION		46018		46018		4
5	ADMINISTRATIVE AND GENERAL		114414		114414		5
_	HHA REIMBURSABLE SERVICES		222422				_
. 6	SKILLED NURSING CARE		375109		375109		6
7	PHYSICAL THERAPY		68181		68181		7
8	OCCUPATIONAL THERAPY		12946		. 12946		8
9	SPEECH PATHOLOGY		3300		3300		9
10	MEDICAL SOCIAL SERVICES		32018	,	32018		10
11	HOME HEALTH AIDE		39261		39261		11
12	SUPPLIES		11814		11814		12
13	DRUGS		•				13
	COST OF ADMINISTERING VACCINES				,		13.20
14	DME			1.0		•	14
	HHA NONREIMBURSABLE SERVICES			4, 4	1.0	100	
1.5	HOME DIALYSIS AIDE SERVICES			10 Part 1		•	15
16	RESPIRATORY THERAPY			• * • • • • •	i		16
17	PRIVATE DUTY NURSING						17
18	CLINIC						18
19	HEALTH PROMOTION ACTIVITIES			•	•		19
20	DAY CARE PROGRAM						20
21	HOME DELIVERED MEALS PROGRAM						21
22	HOMEMAKER SERVICE			* * * * * * * * * * * * * * * * * * *			22
23	ALL OTHERS						23
	TELEMEDICINE						23.50
24	TOTAL		708140		708140		24

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (05/2007) VERSION: 2010.09 11/04/2010 13:03 PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL PERIOD FROM 07/01/2009 TO 06/30/2010

	COST ALLOCATION - HHA GENERAL SERVICE COST				HHA NO.: 14-7166					
		NET EXPENSES FOR COST ALLOCATION 0	CAP REL BLDGS & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT- ATION 4	SUBTOTAL 4A	ADMIN & GENERAL 5	PART I TOTAL 6	
	GENERAL SERVICE COST CENTER									
1	CAPITAL RELATED-BLDG & FIXT	5079	5079			*,			1	
2	CAPITAL RELATED-MOVABLE EQUIP								2	
3	PLANT OPERATION & MAINTENANCE		5079		5079				3	
4	TRANSPORTATION	46018				46018			4	
5	ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	114414			5079		119493	119493	5	
6	SKILLED NURSING CARE	375109				28839	403948	82000	485948 6	
7	PHYSICAL THERAPY	68181				8886	77067	15644	92711 7	
8	OCCUPATIONAL THERAPY	12946	,			0000	12946	2628	15574 8	
9.	SPEECH PATHOLOGY	3300				1073	4373	888	5261 9	
10	MEDICAL SOCIAL SERVICES	32018		,		1709	33727	6846	40573 10	
11	HOME HEALTH AIDE	39261				5511		9089	53861 11	
12	SUPPLIES	11814					11814	2398	14212 12	
13	DRUGS								13	
13.20	COST OF ADMINISTERING VACCINES	}							13.20	
14	DME								14	
	HHA NONREIMBURSABLE SERVICES					The same of the same				
15	HOME DIALYSIS AIDE SERVICES								15	
16	RESPIRATORY THERAPY								16	
17	PRIVATE DUTY NURSING								17	
18	CLINIC								18	
19	HEALTH PROMOTION ACTIVITIES								19	
20	DAY CARE PROGRAM								20	
21	HOME DELIVERED MEALS PROGRAM								21	
22	HOMEMAKER SERVICE								22	
23	ALL OTHERS								23	
	TELEMEDICINE								23.50	
24	TOTAL	708140	5079		5079	46018	708140		708140 24	

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.09 11/04/2010 13:03

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7166

		CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE)	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	GENERAL SERVICE COST CENTER							
1	CAPITAL RELATED-BLDG & FIXT	3200						1
2	CAPITAL RELATED-MOVABLE EQUIP							2
3	PLANT OPERATION & MAINTENANCE	3200		3200				3
4	TRANSPORTATION				46017		500645	4
5	ADMINISTRATIVE AND GENERAL			3200		-119493	588647	5
_	HHA REIMBURSABLE SERVICES SKILLED NURSING CARE				28838		403948	6
6 7	PHYSICAL THERAPY				8886		77067	7
8	OCCUPATIONAL THERAPY				0000		12946	8
9	SPEECH PATHOLOGY				1073		4373	9
10	MEDICAL SOCIAL SERVICES		•		1709		33727	10
11	HOME HEALTH AIDE			9-11	5511	•	44772	11
12	SUPPLIES		•				11814	12
13	DRUGS							1.3
13.20	COST OF ADMINISTERING VACCINES				11.11			13.20
14	DME			100	•			14
	HHA NONREIMBURSABLE SERVICES					•		
15	HOME DIALYSIS AIDE SERVICES							15
16	RESPIRATORY THERAPY				· · · · · · · · · · · · · · · · · · ·			16
17	PRIVATE DUTY NURSING							17
18	CLINIC							18
19	HEALTH PROMOTION ACTIVITIES							19 20
20	DAY CARE PROGRAM							20 21
21	HOME DELIVERED MEALS PROGRAM							22
22 23	HOMEMAKER SERVICE ALL OTHERS							23
	TELEMEDICINE							23.50
23.50	TOTAL	3200		3200	46017	-119493	588647	24
25	COST TO BE ALLOC (PER W/S H)	5079		5079	46018		119493	25
26	UNIT COST MULTIPLIER	1.587188		1.587188	1.000022		.202996	26

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.09 11/04/2010 13:03

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7166

	HHA COST CENTER	HHA TRIAL BALANCE 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	NEW CAP BLDGS & FIXTURES 3		DI L - BUI NG 2		EMPLOYEE BENEFITS 5	
1	ADMINISTRATIVE AND GENERAL							20320	25216	1
2	SKILLED NURSING CARE	485948				*			92962	2
3	PHYSICAL THERAPY	92711							9834	3
4	OCCUPATIONAL THERAPY	15574								4
5	SPEECH PATHOLOGY	5261								5
. 6	MEDICAL SOCIAL SERVICES	40573							7935	6
7	HOME HEALTH AIDE	53861							9730	7
8	SUPPLIES	14212								8
9	DRUGS									9
9.20	<del></del>									9.20
10	DME							•		10
11	HOME DIALYSIS AIDE SERVICE									11
12.	RESPIRATORY THERAPY									12
13	PRIVATE DUTY NURSING		•							13 14
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE									16
16	DAY CARE PROGRAM									17
17	HOME DELIVERED MEALS PROGR									18
18	HOMEMAKER SERVICE ALL OTHERS			•						19
19 19.50										19.50
20	TOTALS	708140						20320	145677	20
21	UNIT COST MULTIPLIER	,00140						20320	143077	21

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM VERSION: 2010.09
IN LIEU OF FORM CMS-2552-96 (05/2007) 11/04/2010 13:03

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7166

	HHA COST CENTER .	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA	
_	and the control of th	45536	6786		48268		17013			1
1	ADMINISTRATIVE AND GENERAL		86277		40200		17013			2
2	SKILLED NURSING CARE	578910	15282							2
3	PHYSICAL THERAPY	102545 15574	2321						•	4
4	OCCUPATIONAL THERAPY	15574 5261	784							5
5	SPEECH PATHOLOGY		7229							5
6	MEDICAL SOCIAL SERVICES	48508 63591	9477							7
7	HOME HEALTH AIDE	14212	2118							, R
8	SUPPLIES	14212	2110		,					9
. 9	DRUGS									9.20
9.20	COST OF ADMINISTERING VACC									10
10	DME									11
11	HOME DIALYSIS AIDE SERVICE									12
12	RESPIRATORY THERAPY				¥ .					13
13	PRIVATE DUTY NURSING			1.						14
14	CLINIC					•				15
15	HEALTH PROMOTION ACTIVITIE									16
16	DAY CARE PROGRAM									17
17	HOME DELIVERED MEALS PROGR		•							
18	HOMEMAKER SERVICE									18
19	ALL OTHERS				·	•				19
	TELEMEDICINE									19.50
20	TOTALS	874137	130274		48268		17013			20
21	UNIT COST MULTIPLIER									21

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.09 11/04/2010 13:03

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7166

1 ADMINISTRATIVE AND GENERAL	1 2 3 4 5	
2 SKILLED NURSING CARE 3 PHYSICAL THERAPY 4 OCCUPATIONAL THERAPY 5 SPEECH PATHOLOGY 6 MEDICAL SOCIAL SERVICES 7 HOME HEALTH AIDE 8 SUPPLIES 9 DRUGS 9.20 COST OF ADMINISTERING VACC 10 DME 11 HOME DIALYSIS AIDE SERVICE 12 RESPIRATORY THERAPY 13 PRIVATE DUTY NURSING 14 CLINIC 15 HEALTH PROMOTION ACTIVITIE 16 DAY CARE PROGRAM 17 HOME DELIVERED MEALS PROGR 18 HOMEMAKER SERVICE 19 ALL OTHERS 19.50 TELEMEDICINE 20 TOTALS 21 UNIT COST MULTIPLIER	10 11 12 13 14 15 16 17 18	.50

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.09 11/04/2010 13:03

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7166

	HHA COST CENTER	NURSING SCHOOL 21	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	PARAMED EDUCATION 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	
1 2	ADMINISTRATIVE AND GENERAL SKILLED NURSING CARE					117603 665187		117603 665187	82165	1 2
2	PHYSICAL THERAPY					117827		117827	14554	3
4	OCCUPATIONAL THERAPY					17895		17895	2210	4
5	SPEECH PATHOLOGY					6045		6045	747	5
6	MEDICAL SOCIAL SERVICES					55737		55737	6885	6
7	HOME HEALTH AIDE					73068		73068	9025	7
8	SUPPLIES					16330		16330	2017	8
9	DRUGS									9
9.20										9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY									12 13
13	PRIVATE DUTY NURSING				•			•		14
14	CLINIC									15
15	HEALTH PROMOTION ACTIVITIE DAY CARE PROGRAM									16
16 17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS				,					19
	TELEMEDICINE									19.50
20	TOTALS					1069692		1069692	117603	20
21	UNIT COST MULTIPLIER								.123521	21

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.09 11/04/2010 13:03

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7166

	HHA COST CENTER	TOTAL HHA COSTS 29		
1	ADMINISTRATIVE AND GENERAL			1
2	SKILLED NURSING CARE	747352		2
3	PHYSICAL THERAPY	132381		3
4	OCCUPATIONAL THERAPY	20105		4
5	SPEECH PATHOLOGY	6792		5
6	MEDICAL SOCIAL SERVICES	62622		6
7	HOME HEALTH AIDE	82093		7
8	SUPPLIES	18347		8
9	DRUGS			9
9.20	COST OF ADMINISTERING VACC			9.20
10	DME			10
11	HOME DIALYSIS AIDE SERVICE			11
12	RESPIRATORY THERAPY			12
13	PRIVATE DUTY NURSING			13
14	CLINIC			14
15	HEALTH PROMOTION ACTIVITIE			15
16	DAY CARE PROGRAM			16
17	HOME DELIVERED MEALS PROGR	•		17
18	HOMEMAKER SERVICE			18 .
19	ALL OTHERS	•		19
19.50	TELEMEDICINE .		the state of the s	19.50
20	TOTALS	1069692		20
21	UNIT COST MULTIPLIER			21

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.09 11/04/2010 13:03

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA NO.: 14-7166

	HHA COST CENTER	ENT	ENT	T	L - BUILDI NG 1 SQUARE FEE T	T	MOVABLE EQUIPMENT SQUARE FEE T	EMPLOYEE BENEFITS GROSS SALA RIES	RECON- CILIATION	
		1	2	3	3.01	3.02	4	5	6A	
1	ADMINISTRATIVE AND GENERAL						3200	101749		1
2	SKILLED NURSING CARE							375109		2
3	PHYSICAL THERAPY							39681		3
4	OCCUPATIONAL THERAPY									4
5	SPEECH PATHOLOGY				*					5
6	MEDICAL SOCIAL SERVICES							32018		6
7	HOME HEALTH AIDE							39261		7
8	SUPPLIES									8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC									9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE									11
12	RESPIRATORY THERAPY			4.3		* '		•		12
13	PRIVATE DUTY NURSING				•		100			13
14	CLINIC				,				*	14
15	HEALTH PROMOTION ACTIVITIE									15
16	DAY CARE PROGRAM									16
17	HOME DELIVERED MEALS PROGR									17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50							3200	587818		19.50 20
20	TOTALS						20320	145677		21
21	TOTAL COST TO BE ALLOCATED						20320	.247827		22
22	UNIT COST MULTIPLIER						6.350000	.24/62/		22
22	UNIT COST MULTIPLIER						0.330000			44

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (05/2007)

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA NO.: 14-7166

	HHA COST CENTER	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS NO ASSIGNM ENT	OPERATION OF PLANT SQUARE FEE	LAUNDRY & LINEN SERVICE PATIENT DA	HOUSE- KEEPING A SQUARE FEE	DIETARY PATIENT DA	CAFETERIA GROSS SALA RIES	MAIN- TENANCE & PERSONNEL SQUARE FEE	
		6	EN1 7	. 8	9	10	11	12	13	
		ŭ	•	-	-					
1	ADMINISTRATIVE AND GENERAL	45536		3200		3200				1
2	SKILLED NURSING CARE	578910								2
3	PHYSICAL THERAPY	102545								3
4	OCCUPATIONAL THERAPY	15574								4
5	SPEECH PATHOLOGY	5261								5
6	MEDICAL SOCIAL SERVICES	48508				* *				6
7	HOME HEALTH AIDE	63591								7
8	SUPPLIES	14212								8
9	DRUGS									9
9.20	COST OF ADMINISTERING VACC					•		f		9.20
10	DME									10
11	HOME DIALYSIS AIDE SERVICE						*			11
12	RESPIRATORY THERAPY				•					12
13	PRIVATE DUTY NURSING						•			13
14	CLINIC									14
15	HEALTH PROMOTION ACTIVITIE					· · · · · · · · ·	**			15 16
16	DAY CARE PROGRAM									
17 .	HOME DELIVERED MEALS PROGR					•				17
18	HOMEMAKER SERVICE									18
19	ALL OTHERS									19
19.50										19.50
20	TOTALS	874137		3200		3200				20 21
21	TOTAL COST TO BE ALLOCATED	130274		48268		17013				21
22 22	UNIT COST MULTIPLIER UNIT COST MULTIPLIER	.149032		15.083750		5.316562				22

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.09 11/04/2010 13:03

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA NO.: 14-7166

	HHA COST CENTER	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSIC. ANESTHET.	SCHOOL	
		NURSING SA LARIES	NO ASSIGNM ENT	NO ASSIGNM ENT	GROSS REVE	PATIENT DA	NO ASSIGNM	NO ASSIGNM	ASSIGNED TIME	
		14	15	16	17	18	19	20	21	
2 3 4 5 6 7	ADMINISTRATIVE AND GENERAL SKILLED NURSING CARE PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERVICES HOME HEALTH AIDE									1 2 3 4 5 6 7
8 9	SUPPLIES DRUGS									9
-	COST OF ADMINISTERING VACC									9.20
10	DME									10
11 12 13 14 15 16 17 18 19 19.50 20 21	HOME DIALYSIS AIDE SERVICE RESPIRATORY THERAPY PRIVATE DUTY NURSING CLINIC HEALTH PROMOTION ACTIVITIE DAY CARE PROGRAM HOME DELIVERED MEALS PROGR HOMEMAKER SERVICE ALL OTHERS TELEMEDICINE TOTALS TOTALS UNIT COST TO BE ALLOCATED UNIT COST MULTIPLIER									11 12 13 14 15 16 17 18 19 19.50 20 21
22 22	UNIT COST MULTIPLIER UNIT COST MULTIPLIER									22 22

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.09 11/04/2010 13:03

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA NO.: 14-7166

WORKSHEET H-5 PART II

	HHA COST CENTER	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 23	PARAMED EDUCATION ASSIGNED TIME 24	
10 11 12 13 14 15 16 17 18	ADMINISTRATIVE AND GENERAL SKILLED NURSING CARE PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERVICES HOME HEALTH AIDE SUPPLIES DRUGS OCOST OF ADMINISTERING VACC DME HOME DIALYSIS AIDE SERVICE RESPIRATORY THERAPY PRIVATE DUTY NURSING CLINIC HEALTH PROMOTION ACTIVITIE DAY CARE PROGRAM HOME DELIVERED MEALS PROGR HOMEMAKER SERVICE ALL OTHERS D TELEMEDICINE TOTALS TOTAL COST TO BE ALLOCATED UNIT COST MULTIPLIER UNIT COST MULTIPLIER				1 2 3 4 5 6 7 8 9 9.20 10 11 12 13 14 15 16 17 18 19 19.50 20 21 22 22

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.09 11/04/2010 13:03

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7166

WORKSHEET H-6 PARTS I & II

CHECK APPLICABLE BOX:

[ ] TITLE V [ XX ] TITLE XVIII

] TITLE XIX [

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

	COST PER VISIT COMPUTATION	FROM		SHARED			AVERAGE	
		WKST H-5,	FACILITY	ANCILLARY	TOTAL HHA	TOTAL	COST	
	PATIENT SERVICES	PART I, COL 29,	COSTS	COSTS	COSTS	VISITS	PER VISIT	
		LINE	1	2	3	4	5	
- 1	SKILLED NURSING CARE	2	747352	_	747352	4707	158.77	1
1 2	PHYSICAL THERAPY	3	132381		132381	1018	130.04	2
	OCCUPATIONAL THERAPY	4	20105		20105	102	197.11	3
3		5	6792		6792	54	125.78	4
4	SPEECH PATHOLOGY	5 6				85	736.73	5
5	MEDICAL SOCIAL SERV	-	62622				130.93	6
6	HOME HEALTH AIDE SERV	7	82093				130.93	9
. 7	TOTAL		1051345		1051345	6593		/
	LIMITATION COST COMPUTATION						PROGRAM	
	DIMITATION COST CONFORMION		MSA				COST	
	PATIENT SERVICES		NO.				LIMITS	
	PATIENT SERVICES .		NO.					
,	v.		1	2	3	4	5	
. 8	SKILLED NURSING CARE				1.			8
9								9
10	OCCUPATIONAL THERAPY							10
11								11
12								12
13								13
14								14
1.4	IOIAL							
	SUPPLIES AND DRUGS							
	COST COMPUTATIONS	FROM		SHARED				
		WKST H-5,	FACILITY	ANCILLARY	TOTAL HHA	TOTAL		
	OTHER PATIENT SERVICES	PART I,	COSTS	COSTS	COSTS	CHARGES	RATIO	
		COL 29,						
		LINE	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	18347		18347	29718	.617370	15
16		9				963		16
	.20 COST OF ADMINISTERING VACCI	NES 9.20						16.20
10	.20 COOL OF ADMINIBILITIES THOSE							
	PER BENEFICIARY COST LIMITATIO	N:				MSA		
						NO.	AMOUNT	
						1	2	
17	PROGRAM UNDUPLICATED CENSUS	FROM WORKSHE	ET S-4					17
18								18
19								19

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.09 11/04/2010 13:03

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7166

WORKSHEET H-6 PARTS I & II
(CONTINUED)

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - API	PORTIONMENT OF	HHA	COST CE	NTERS:	COMPUTATION	OF	THE	LESSER	OF	AGGREGATE	PROGRAM	COST	OR
THE	E AGGREGATE OF	THE	PROGRAM	LIMIT	ATION								

C	OST PER VISIT COMPUTATION		PROGRAM VISI	rs r b		COST OF SERV		TOTAL	
P	ATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	DEDUCTIBLES	PROGRAM COST	
		6	7		9			12	
1	SKILLED NURSING CARE		2240		208306	355645		563951	1
7	PHYSICAL THERAPY	375	394		48765	51236		100001	
3	OCCUPATIONAL THERAPY	20	39		3942	7687		11629	3
4	SPEECH PATHOLOGY	7	37		880	4654		5534	-
5	MEDICAL SOCIAL SERV	17	62		12524	45677		58201	
_	HOME HEALTH AIDE SERV	166	461		21734			82093	
6		1897	3233		296151	525258		821409	
7	TOTAL	1697	3233		296131	323236		021403	,
-	THE THE COURT COMPLETE COMPLET		PROGRAM VISI	me		COST OF SERV	TCES		
71	IMITATION COST COMPUTATION			ТВ		PART		TOTAL	
				SUBJECT TO		NOT SUBJ TO		PROGRAM	
		PART A			PART A	DEDUCTIBLES		COST	
·P	ATIENT SERVICES	PART A	& COINSUR		FART A	COLUMN 3	E COINGID	COSI	
	4. -4	c	% COINSUR 7	& COINSOR	۵	& COINSUR	11	12	
_		•	, ,	0	,	10	* *		8
8	SKILLED NURSING CARE								9
9	PHYSICAL THERAPY								10
10	OCCUPATIONAL THERAPY								11
11	SPEECH PATHOLOGY								12
12	MEDICAL SOCIAL SERV								13
13	HOME HEALTH AIDE SERV								14
14	TOTAL								TA
_		PROGRAM COVER	and direction			COCE OF C	PRITCES		
-			DEDUCT. & COI				DEDUCT. & COI		
C	OST COMPUTATIONS	FEE	NOT	NOOK.		FEE	NOT	WDOIL.	
_	THER PATIENT SERVICES			CITO TECT TO	מי יחסומים		SUBJECT TO	חיי ייים יודים	
C	THER PATIENT SERVICES	FART A REIMBURSED  6 7		8	9	10	10.01	11	
	GOOM OF MEDICAL GUESTING		1.01	o	6011	10094	10.01		15
15	COST OF MEDICAL SUPPLIES	9737 16350			9011	10094			16
16	COST OF DRUGS	910							16.20
16.2	0 COST OF ADMINISTERING VA								10.20

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.09 11/04/2010 13:03

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7166

WORKSHEET H-6 PARTS II &

III

CHECK APPLICABLE BOX: [

] TITLE V

[ XX ] TITLE XVIII

[ ] TITLE XIX

# PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

		FROM			AHH		
		WKST C,	COST TO	TOTAL	SHARED	TRANSFER	
		PART I,	CHARGE	AHH	ANCILLARY	TO	
		COL 9,	RATIO	CHARGES	COSTS	PART I	
		LINE	1	2	3	4	
1	PHYSICAL THERAPY	50	.394270			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY	51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY	52	.943079			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA	55	.634333			COL 2, LINE 15	. 4
4.30	IMPL. DEV. CHARGED TO PATIENT	55.30	•			COL 2, LINE 15	4.30
5	DRUGS CHARGED TO PATIENTS	56	.647685			COL 2, LINE 16	5

### PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

			· ·	PART B SER	VICES SUBJECT TO	DEDUCTIE	LES AND COINSU	RANCE
				PROG	RAM VISITS	PROG	RAM COST	PROGRAM
		FROM PART I	COST	PRIOR TO	FROM 1/1/98	PRIOR TO		
	and the state of t	COL. 5	PER VISIT	1/1/98	THRU 12/31/98	1/1/98	THRU 12/31/98	AFTER 1/1/99
		1	2	2.01	3	3.01	4	5
1	PHYSICAL THERAPY	2	130.04					
2	OCCUPATIONAL THERAPY	3	197.11					
3	SPEECH PATHOLOGY	4	125.78					
4	TOTAL							

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM

[ XX ] TITLE XVIII [ ] TITLE XIX

VERSION: 2010.09 11/04/2010 13:03 IN LIEU OF FORM CMS-2552-96 (9/1999)

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

CHECK APPLICABLE BOX:

HHA NO.: 14-7166

WORKSHEET H-7 PARTS I & II

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

[ ] TITLE V

	THE I COMPUTED OF THE PERSON O				
			PART	B	•
			NOT SUBJECT TO	SUBJECT TO	
	DESCRIPTION		DEDUCTIBLES	DEDUCTIBLES	
	DESCRIPTION	PART A	& COINSURANCE	& COINSURANCE	
		1	2	3	
	REASONABLE COST OF PROGRAM SERVICES				
1	REASONABLE COST OF SERVICES				1
2	TOTAL CHARGES	286404		472983	2
£	TOTAL CHARGE				
	CUSTOMARY CHARGES				
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT				3
	FOR SERVICES ON A CHARGE BASIS				
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE				4
-	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT				11
	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			•	
5	RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6	TOTAL CUSTOMARY CHARGES				6
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST		A Company of the Comp	5.4	7 .
8	EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES		•		8
9	PRIMARY PAYOR PAYMENTS		4		9
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
			PART A	PART B	
	DESCRIPTION		SERVICES	SERVICES	
			1	2	
10	TOTAL REASONABLE COST				10
	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS		374177	633208	10.01
	2 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS				10.02
10.03	3 TOTAL PPS REIMBURSEMENT - LUPA EPISODES		10707	27529	10.03
10.04	4 TOTAL PPS REIMBURSEMENT - PEP EPISODES	•	1448	1628	10.04
	5 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES				10.05
10.00	6 TOTAL PPS REIMBURSEMENT - SCIC EPISODES				10.06
10.0	7 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS				10.07
10.08	8 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES	*			10.08
10.09	9 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES		•		10.09
10.1	O TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES				10.10
10.1	1 TOTAL OTHER PAYMENTS				10.11
10.1	2 DME PAYMENTS				10.12
10.13	3 OXYGEN PAYMENTS				10.13
10.1	4 PROSTHETIC AND ORTHOTIC PAYMENTS		•		10.14
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)		224222		11
12	SUBTOTAL		386332	662365	12
13	EXCESS REASONABLE COST				13
14	SUBTOTAL		386332	662365	14
15	COINSURANCE BILLED TO PROGRAM PATIENTS		22422	660065	15
16	NET COST		386332	662365	16 17
17	REIMBURSABLE BAD DEBTS				
17.0	1 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		206220	660365	17.01
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD		386332	662365	18 19
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM				19
	DISPOSITION OF DEPRECIABLE ASSETS				20
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES'				20
	TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION				21
21	OTHER ADJUSTMENTS (SPECIFY):		386332	662365	21
22	SUBTOTAL		300332	002303	22
23	SEQUESTRATION ADJUSTMENT		386332	662365	23 24
24	SUBTOTAL		386333	662364	25
25	TOTAL INTERIM PAYMENTS		200233	002304	25 25.01
	1 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		-1	1	25.01
26	BALANCE DUE PROVIDER/PROGRAM		~1	1	27
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE				
	WITH CMS PUB. 15-II, SECTION 115.2				

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.09 11/04/2010 13:03

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7166

WORKSHEET H-8

	PAR'	T A	PART B	
DESCRIPTION	MO/DAY/YR	AMOUNT MO/DA	•	
	1	2 3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		386333	662364	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER		NONE	NONE	2
SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF				
NONE, WRITE 'NONE', OR ENTER A ZERO.				
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01	•		3.01 3.02
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT PROGRAM REVISION OF THE INTERIM RATE FOR THE COST TO	. 02	NONE	NONE	3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDER				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
DROWING	.50			3.50 3.51
PROVIDER TO	.52	NONE	NONE	3.52
PROGRAM	.53			3.53
	.54			3.54
	. 99			3.99
SUBTOTAL	, ,			3.33
4 TOTAL INTERIM PAYMENTS		386333	662364	4
TO DE CON	MPLETED BY INTERMEDIAR	v		
TO BE COM	THE TED BI INTERNEDIAN	.±		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- PROGRAM	.01			5.01
MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH TO	. 02	NONE ·	NONE	5.02 5.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. PROVIDER PROVIDER	.03			5.50
TO	.51	NONE	NONE	5.51
PROGRAM	.52			5.52
CYTOTICALLY I	.99			5.99
SUBTOTAL 6 DETERMINED NET SETTLEMENT AMOUNT PROGRAM TO	. 23			3.22
(BALANCE DUE) BASED ON THE COST PROVIDER	.01		. 1	6.01
REPORT. PROVIDER TO	. 02	-1		6.02
PROGRAM 7 TOTAL MEDICARE PROGRAM LIABILITY		386332	662365	7
/ TOTAL PEDICARD PROGRAM DIADIDITI				
NAME OF INTERMEDIARY:		INTERMEDIARY NU	MBER:	
SIGNATURE OF AUTHORIZED PERSON:		DATE (MO/DAY/YF	3):	
		, , ,		

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM VERSION: 2010.09 IN LIEU OF FORM CMS-2552-96 (9/97) 11/04/2010 13:03

HOSPITAL HOSPITAL SUB I SUB II SUB III

PERIOD FROM 07/01/2009 TO 06/30/2010 IN LIEU OF FORM CMS-2552-96 (9/97) 11/04/2010 13:03

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD WORKSHEET L

	(14-1306)	(14-1306)	SOB I	208 11	508 111	
PART I - FULLY PROSPECTIVE METHOD						
CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS						1
						2
						3
				•	•	
						3.01
ON OR AFTER OCTOBER 1, 1997						
INDIRECT MEDICAL EDUCATION ADJUSTMENT						4
						4.01
			•			4.02
			and the second			4.03
DISPROPORTIONATE SHARE ADJUSTMENT						
			100			5
					**	5.01 5.02
						5.03
			11 11 3		;	5.04
TOTAL PROSPECTIVE CAPITAL PAYMENTS		**	100			6
PART II - HOLD HARMLESS METHOD		•		.* -		
NEW CARTERI.						1
						2
TOTAL CAPITAL						3
						4
						6
						7
						8
SUBTOTAL						9
PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)						10
PART III - PAYMENT UNDER REASONABLE COST						
PROGRAM INPATIENT ROUTINE CAPITAL COST						1
PROGRAM INPATIENT ANCILLARY CAPITAL COST						2
TOTAL INPATIENT PROGRAM CAPITAL						3
						4 5
TOTAL INPATIENT PROGRAM CAPITAL COST						3
PART IV - COMPUTATION OF EXCEPTION PAYMENTS						
PROGRAM INPATIENT CAPITAL COSTS						1
						2
			•			4
						5
PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES						6
ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR						7
EXTRAORDINARY CIRCUMSTANCES						Ω
						9
CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL						10
TO CAPITAL PAYMENTS						
CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL						11
OVER CAPITAL PAYMENT						10
						12 13
						14
CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT						15
(SEE INSTRUCTIONS)						
						16 17
CURRENT YEAR EXCEPTION OFFSET AMOUNT						4.1
1 2 3	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS CAPITAL FEDERAL AMOUNT CAPITAL DRG OTHER THAN OUTLIER CAPITAL DRG OTHER THAN OUTLIER CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997 CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD INDIRECT MEDICAL EDUCATION PERCENTAGE 3 INDIRECT MEDICAL EDUCATON DAJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT OF SERCIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS \$ OF MEDICAL DAYS TO TOTAL DAYS ON WKST S-3, PART I \$ SUM OF LINES 5 AND 5.01 \$ ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE 4 DISPROPORTIONATE SHARE ADJUSTMENT TOTAL PROSPECTIVE CAPITAL PAYMENTS  PART II - HOLD HARMLESS METHOD  NEW CAPITAL CADITAL CADITAL RATIO OF NEW CAPITAL TO TOTAL CAPITAL TOTAL CAPITAL RATIO OF NEW CAPITAL TO TOTAL CAPITAL TOTAL CAPITAL RATIO OF NEW CAPITAL AMOUNT HOLD HARMLESS PAYMENT FOR NEW CAPITAL SUBTOTAL PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)  PART III - PAYMENT UNDER REASONABLE COST  PROGRAM INPATIENT ROUTINE CAPITAL COST PROGRAM INPATIENT FOR THE ACTIVAL COST PROGRAM INPATIENT FOROGRAM CAPITAL COST TOTAL INPATIENT PROGRAM CAPITAL COST PART IV - COMPUTATION OF EXCEPTION PAYMENTS  PART IV - COMPUTATION OF EXCEPTION PAYMENTS  PROGRAM INPATIENT CAPITAL COSTS OTHER PROGRAM INPATIENT CAPITAL COSTS OTHER PROGRAM INPATIENT CAPITAL COSTS PROGRAM INPATIENT CAPITAL COSTS PROGRAM INPATIENT CAPITAL COSTS OTHER PROGR	PART I - FULLY PROSPECTIVE METHOD  CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS CAPITAL FEDERAL AMOUNT CAPITAL DEG OTHIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997 CAPITAL DEG OTHIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERTOD INDIRECT MEDICAL EDUCATION PERCENTAGE 3 INDIRECT MEDICAL EDUCATION PERCENTAGE 3 INDIRECT MEDICAL EDUCATION PERCENTAGE 4 OF MEDICAL EDUCATION PERCENTAGE 5 INDIRECT MEDICAL EDUCATION PERCENTAGE 6 INDIRECT MEDICAL EDUCATION PERCENTAGE 7 INDIRECT MEDICAL EDUCATION PERCENTAGE 8 INDIRECT MEDICAL EDUCATION PERCENTAGE 8 INDIRECT MEDICAL EDUCATION PERCENTAGE 9 INDIRECT MEDICAL EDUCATION PERCENTAGE 9 INDIRECT MEDICAL EDUCATION ADJUSTMENT 10 INDIRECT MEDICAL EDUCATION ADJUSTMENT FORCERAM CAPITAL COST 10 INDIRCT MEDICAL EDUCATION ADJUSTMENT FORCERAM CAPITAL COST 10 INDIRCT MEDICAL EDUCATION ADJUSTMENT 10 INDIRCT MEDICAL	CAPITAL PEDERAL AMOUNT CAPITAL DEG OTHER THAN OUTLIER CAPITAL DEG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997 UNDIRECT MEDICAL EDUCATED BY JOS OF DAYS IN CR PERIOD UNDER OF INTERNS AND ESIDENTS FROM WORKSHEET S-3, PART I UNDIRECT MEDICAL EDUCATION PERCENTAGE INDIRECT MEDICAL EDUCATION ADJUSTMENT LISPROPORTIONATE SHARE ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT IS ALLOWABLE DISPROPORTIONATE SHARE ADJUSTMENT TOTAL PROSPECTIVE CAPITAL PAYMENTS  PART II - HOLD HARMLESS METHOD  NEW CAPITAL UND CAPITAL AND OF NEW CAPITAL PAYMENTS  PART II - HOLD HARMLESS METHOD  NEW CAPITAL RATIO OF NEW CAPITAL PAYMENTS UNDER 100% FEDERAL RATE REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT REDUCED OLD CAPITAL AMOUNT HOLD HARMLESS PAYMENT FOR NEW CAPITAL SUBTOTAL PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)  PART III - PAYMENT UNDER REASONABLE COST PROGRAM INPATIENT ROUTINE CAPITAL COST PROGRAM INPATIENT FROUTHS CAPITAL COST PROGRAM INPATIENT FROUTHS CAPITAL COST PROGRAM INPATIENT CAPITAL COST PROGRAM INPATIENT CAPITAL COST PROGRAM INPATIENT CAPITAL COSTS CAPITAL MINIMUM PAYMENT LEVEL CURRENT YEAR CAPITAL PAYMENTS CHERKY YEAR CAPITAL PAYMENTS CARROVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL CURRENT YEAR CAPITAL PA	TOTAL PROSPECTIVE METHOD  (14-1306) (14-1306)  (14-1306) (14-1306)  (15-1306) (14-1306)  (15-1306) (14-1306)  (15-1306) (14-1306)  (15-1306) (14-1306)  (15-1306) (14-1306)  (15-1306) (14-1306)  (15-1306) (15-1306)  (15-	CAPTEAL HOSSITAL SERCIFIC RATE PAYMENTS CAPTEAL HOSSITAL SERCIFIC RATE PAYMENTS CAPTEAL HOSSITAL SERCIFIC RATE PAYMENTS CAPTEAL PARENT CAPTEAL HOSSITAL SERCIFIC RATE PAYMENTS CAPTEAL DES OFHER THAN GUTLER CAPTEAL DES OUTLIER RAYMENTS FOR SERVICES RENDERED HOLSE CONTROL DAYS DIVIDED BY NO OF DAYS IN CR PERIOD RUNGER OF HITERS AND SELDENTS FOR WORKSHEETS -3, PART I HOLSECT MEDICAL BURCATION PERCENTRAGE INDIFFERCMENT HORSE SHARE AND SERVICES RENDERED HOLSE SHARE SHARE SHARE SHARE SHARE 1 OF MEDICAL SUCCATION PERCENTRAGE HOLDERED SHARE SHARE SHARE SHARE 1 OF MEDICAL SUCCATION PERCENTRAGE HOLDERED SHARE SHARE SHARE SHARE 1 OF MEDICAL SHARE SHARE SHARE 1 OF MEDICAL SHARE SHARE 1 OF MEDICAL SHARE SHARE 1 OF MEDICAL SHARE SHARE 1 OF MEDICA	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS CARITAL HOSPITAL SPECIFIC RATE PAYMENTS CARITAL HOSPITAL SPECIFIC RATE PAYMENTS CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS CAPITAL DEG OUTLIER PAYMENTS FOR SERVICES RENDERED CAPITAL DEG OUTLIER PAYMENTS FOR SERVICES RENDERED CAPITAL DEG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER COTOSER 1, 1997 TUTAL IMPACT BAYS DIVIDED BY NO UP DAYS INDIRECT MEDICAL BEOCATION ADJUSTMENT TUTAL IMPACT BAYS DIVIDED BY NO UP DAYS INDIRECT MEDICAL BEOCATION PERCENTAGES INDIRECT MEDICAL MEDICAL MEDICAL PROTES INDIRECT MEDICAL MEDICAL MEDICAL MEDICAL PROTES INDIRECT MEDICAL MEDICAL MEDICAL PROTES INDIRECT MEDICAL MEDICAL MEDICAL PROTES INDIRECT MEDICAL MEDICAL MEDICAL MEDICAL PROTES INDIRECT MEDICAL MEDICAL PROTEST LAVEL TO CAPITAL PROTES INDIRECT MEDICAL MEDICAL PROTEST LAVEL TO CAPITAL PROTES INDIRE

95 SUBTOTALS
NONREIMBURSABLE COST CENTERS
96 GIFT, FLOWER, COFFEE SHOP & CA
98 PHYSICIANS' PRIVATE OFFICES
100 RENTAL PROPERTY
100.01 MEDICAL OFFICE BUILDINGS

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> WORKSHEET L-1 PART I

# ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

	COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL		
		U	-EA			-·		
	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAPITAL - BUILDING 1 NEW CAPITAL - BUILDING 2						1 2 3 3.01 3.02	
4	NEW CAP REL COSTS-MVBLE EQUIP					•	4	
5	EMPLOYEE BENEFITS	•				Marie Barriera	5	
6 7	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS						6 7	
8	OPERATION OF PLANT						8	
9	LAUNDRY & LINEN SERVICE					in the state of th	. 9	
10	HOUSEKEEPING						10	
11	DIETARY						11 12	
12 13	CAFETERIA MAINTENANCE OF PERSONNEL					territoria de la companya de la com La companya de la co	13	
14 15	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY						14 15	
16	PHARMACY						16	
17 18	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE		,				17 18 19	
19 20 21	OTHER GENERAL SERVICE COST CEN NONPHYSICIAN ANESTHETISTS NURSING SCHOOL						20 21	
22	I&R SERVICES-SALARY & FRINGES						22	
23 24	I&R SERVICES-OTHER PRGM COSTS PARAMED ED PRGM-(SPECIFY)						23 24	
25	INPATIENT ROUTINE SERV COST CENT ADULTS & PEDIATRICS	rers					25	
25 26	INTENSIVE CARE UNIT						26	
20	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM						37	
38	RECOVERY ROOM						38 40	
40 41	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC			*			41	
44	LABORATORY						44	
46.3Ò	BLOOD CLOTTING FACTORS ADMIN C					•	46.30	
48	INTRAVENOUS THERAPY						48 49	
49 50	RESPIRATORY THERAPY PHYSICAL THERAPY						50	
51	OCCUPATIONAL THERAPY						51	
52	SPEECH PATHOLOGY						52	
55	MEDICAL SUPPLIES CHARGED TO PA						55 55.30	
55.30	IMPL. DEV. CHARGED TO PATIENT DRUGS CHARGED TO PATIENTS			•			56	
59	CARDIOLOGY						59	
	CARDIAC REHABILITATION					,	59.97	
	HYPERBARIC OXYGEN THERAPY						59.98 59.99	
59.99	LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS						39.33	
60	CLINIC						60	
61	EMERGENCY						61	
62	OBSERVATION BEDS (NON-DISTINCT						62	
	RURAL HEALTH CLINIC						63.50 63.60	
	OTHER REIMBURSABLE COST CENTERS						69.10	
	OUTPATIENT PHYSICAL THERAPY						69.20	
	OUTPATIENT OCCUPATIONAL THERAP						69.30	
	OUTPATIENT SPEECH PATHOLOGY						69.40 71	
71	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS						/ 1	
85.01	PANCREAS ACQUISITION						85.01	
85.02	INTESTINAL ACQUISITION						85.02	
	ISLET CELL ACQUISITION						85.03	
95	SUBTOTALS						95	

PROVIDER NO. 14-1306 COMMUNITY MEMORIAL HOSPITAL PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/96)

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# ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1 PART I

	COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
101	CROSS FOOT ADJUSTMENTS						101
102	NEGATIVE COST CENTER						102
103	TOTAL						103
104	TOTAL STATISTICAL BASIS						104
105	UNIT COST MULTIPLIER						105
105	UNIT COST MULTIPLIER						105

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM CMS-2552-96 - SUMMARY REPORT 97

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\*\*\*\*\* REPORT 97 \*\*\*\*\* UTILIZATION STATISTICS \*\*\*\*\*

# HOSPITAL

	COST CENTERS	PART A	XVIII PART B 2	TITL INPATIENT 3	E XIX OUTPATIENT 4	TII INPATIENT 5	LE V OUTPATIENT 6	TOTAL TI PARTY U	
יז דיינו	ZATION PERCENTAGES BASED ON DAYS								
25	ADULTS & PEDIATRICS	58.21		4.94				63.15	25
26	INTENSIVE CARE UNIT	85.85		2.77				88.62	26
TITET T.	IZATION PERCENTAGES BASED ON CHARGE	S			•				
37	OPERATING ROOM	5.50	48.49					53.99	37
38	RECOVERY ROOM	5.58	35.35					40.93	38
40	ANESTHESIOLOGY	5.85	50.90					56.75	40
41	RADIOLOGY-DIAGNOSTIC	3.20	39.62					42.82	41
44	LABORATORY	6.60	45.07					51.67	44
48	INTRAVENOUS THERAPY	33.98	25.59			4.4		59.57	48
49	RESPIRATORY THERAPY	17.04	37.54					54.58	49
50	PHYSICAL THERAPY	1.47	35.30					36.77	50
52	SPEECH PATHOLOGY	4.05	61.73					65.78	52
55	MEDICAL SUPPLIES CHARGED TO PAT	19.64	40.85					60.49	55
56	DRUGS CHARGED TO PATIENTS	12.73	58.84					71.57	56
- 59	CARDIOLOGY	2.68	74.02					76.70	59
60	CLINIC	0.14	49.34				•	49.48	60
61	EMERGENCY	0.11	33.29					33.29	61
62	OBSERVATION BEDS (NON-DISTINCT		72.65					72.65	62
02	Carried to an in Car armine ( 1 to Car armine and the carried								
101	TOTAL CHARGES	6.46	41.70					48.16	101

	COST CENTER		COSTS	ALLOCATED AMOUNT	OVERHEAD		COSTS	
	GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	16462	.13	-16462	35			3
	NEW CAPITAL - BUILDING 1	17340	.14	-17340	36			3.01
	MEM CADITAL - BIIII.DING 2	85855	.69	-85855	-1.81			3.02
4	NEW CAP REL COSTS-MVBLE EQUIP	503212	4.03	-503212	-10.59			4
5	EMDIAVEE RENEETIS	1367204	10.94	-1367204	-28.78			5
6	ADMINISTRATIVE & GENERAL	1387964	11.11	-1387964	-29.22			6
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	574952	4.60	-574952		4.5		8
9	LAUNDRY & LINEN SERVICE	31530	.25	-31530		1.00		9
10	HOUSEKEEPING	168933	1.35	-168933	-3.56	* •		10
11 .	DIETARY	68946	.55	-68946		•		11
12	CAFETERIA	123241	. 99	-123241	-2.59			12
13	MAINTENANCE OF PERSONNEL				:	•		13
14	NURSING ADMINISTRATION	193990	1.55	-193990				14
15	CENTRAL SERVICES & SUPPLY							15
16	PHARMACY		1.27	•				16
17	MEDICAL RECORDS & LIBRARY	159279	1.27	-159279	-3.35	• •		17
18	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	51891	.42	-51891	-1.09			18
19	OTHER GENERAL SERVICE COST CENT							19
20	NONPHYSICIAN ANESTHETISTS				• *		*	20
21	NURSING SCHOOL				•			21
22	I&R SERVICES-SALARY & FRINGES A						* *	22
23	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-(SPECIFY)							24
	INPATIENT ROUTINE SERV COST CENTER							
25	ADULTS & PEDIATRICS	668584					13.84	25
26	INTENSIVE CARE UNIT	297245	2.38	316600	6.66	613845	4.91	26
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	244084	1.95	287619	6.05	531703		37
38	RECOVERY ROOM	38187	.31	55178	1.16	93365	.75 2.49	38 40
40	RECOVERY ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC LABORATORY	261049	2.09	50354	1.06 10.69	311403	2.49 11.40	41
41	RADIOLOGY-DIAGNOSTIC	916853		507963	9.74	1424816	12.22	44
44		1064182	8.52	462835	9.74	1527017	12.22	46.30
	BLOOD CLOTTING FACTORS ADMIN CO		0.7	2006	.08	13198	.11	48.30
48	INTRAVENOUS THERAPY	9312	.07 2.05	3886 149531	3.15	405595	3.25	49
49	RESPIRATORY THERAPY	256064		169766	3.15	607968	4.86	50
50	PHYSICAL THERAPY	438202	3.51	103/00	3.5/	00/208	*.00	51
51	OCCUPATIONAL THERAPY SPEECH PATHOLOGY	3954	.03	652	.01	4606	.04	52
52	SPEECH PATHOLOGY MEDICAL SUPPLIES CHARGED TO PAT			134009	2.82	470990	3.77	55
55		330381	2.70	134003	2.02	470330	3.17	55.30
	IMPL. DEV. CHARGED TO PATIENT	894271	7.16	229673	4.83	1123944	8.99	56
56	DRUGS CHARGED TO PATIENTS	55510	44		1.90	145733		59
59	CARDIOLOGY	22210	44	30223	1.50	742122	4.4.	59.97
59.97	CARDIAC REHABILITATION			1				37.71

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TOTAL

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-- ALLOCATED OVERHEAD -- -- TOTAL COSTS ------ DIRECT COSTS ---COST CENTER 용 AMOUNT AMOUNT AMOUNT 용 59-.98 59.98 HYPERBARIC OXYGEN THERAPY 59.99 LITHOTRIPSY 59.99 30076 .24 69122 1.45 99198 . 79 60 60 CLINIC 8.28 427655 9.00 1462780 11.70 61 EMERGENCY 1035125 61 62 OBSERVATION BEDS (NON-DISTINCT 62 63.50 RURAL HEALTH CLINIC 63.50 63.60 63.60 FQHC OTHER REIMBURSABLE COST CENTERS OUTPATIENT SERVICE COST CENTERS 69.10 69.10 CMHC 69.20 OUTPATIENT PHYSICAL THERAPY 69.20 69.30 OUTPATIENT OCCUPATIONAL THERAPY 69.30 69.40 OUTPATIENT SPEECH PATHOLOGY 69.40 HOME HEALTH AGENCY 708140 5.67 361552 7.61 1069692 8.56 71 71 SPECIAL PURPOSE COST CENTERS 85.01 85.01 PANCREAS ACQUISITION 85.02 85.02 INTESTINAL ACQUISITION 85.03 85.03 ISLET CELL ACQUISITION NONREIMBURSABLE COST CENTERS 6137 .05 96 GIFT, FLOWER, COFFEE SHOP & CAN 6137 .13 6.76 98 478866 3.83 365650 7.70 844516 98 PHYSICIANS' PRIVATE OFFICES 100 100 RENTAL PROPERTY 100.01 11555 .09 100.01 MEDICAL OFFICE BUILDINGS 10056 .08 1499 .03 101 CROSS FOOT ADJUSTMENTS 101 102 102 NEGATIVE COST CENTER 12497540 100.00 0 .00 12497540 100.00 103

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\*\*\*\* THIS PROVIDER IS NOT A PPS HOSPITAL

### III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)

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2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)

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3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)

.435